A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

BY JOHN HILTON, ESQ., F.R.S.,

SURGEON TO GUY'S HOSPITAL,
PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE OF SURGEONS

LECTURE VI.—PART III.

IT will be my further object to-day to show you, that notwithstanding disease of the hip-joint may have advanced to that period when the symptoms of hip disease are conspicuously distinct, and notwithstanding a very bad constitution, and the destruction of the soft parts of the joint, patients may get perfectly well by rest, with an anchylosed hip-joint. This would appear at once to negative the idea of there being necessarily a scrofulous condition of the bones in such cases.

The notes of the next case to which I shall allude are also taken from my private practice.

Case of hip-joint disease of one year's duration cured in seven months by rest.—In January, 1855, the patient, (a little girl between four and five years old,) lame, and in great pain, was taken to a surgeon, who pronounced that she had hip-joint disease, and that he regarded it as scrofulous. She was under his professional care about eight months. He directed her to be taken to the sea-side, to have medicine, and to move about or take exercise, that her general health might be improved, thus hoping to cure the case by invigorating the constitution; but no direct rest was given to the hip-joint. The local and general disturbance and distress increased so as to become excessively severe. In December, 1855, eleven or twelve months after the appearance of the first symptom, she was brought to my house. She could not bear the pain of being very gently and carefully carried in the arms of her mother. The child was much wasted, and a picture of really extreme bodily distress, screaming with pain nearly all the time she was with me; and her mother informed me that she had had scarcely any sleep during many weeks from the pain in the hip and the outer side of the knee, these pains being especially severe at night. The thigh was flexed upon the abdomen, adducted, and the knee turned inwards, evincing a disposition of the head of the femur to be dislocated backwards; there were also fulness and rotundity at the back of the joint. The slightest pressure upon the trochanter major or upon the sole of the foot, for the purpose of forcing the head of the femur into the acetabulum, caused fearful agony. There was marked disposition of the head of the bone to be displaced backwards, (always a serious complication,) and the distinct fluctuation of an abscess below Poupart's ligament to the outer side of the hip-joint. The patient was taken home with great care, and by my direction Mr. H. Bigg the same evening went to the house, and moulded this leathern splint, or case, upon the pelvis and upon the hip, with an extension to the foot for the purpose of keeping the hip-joint and whole leg at rest. Great pain and distress were experienced by the patient whilst the limb was being straightened, but there was no alternative, and it was done. (See Fig. 40.) In adapting a splint to a case of hip-joint disease, it is important not only to prevent any movement of the joint, but also to ensure easy persistent contact between the articular surfaces without pressure, so as to facilitate bony union, supposing the soft parts to be destroyed; or if the soft parts be simply inflamed and swollen, then to prevent undue pressure of the soft parts, mutually inflamed, upon each other. Another object in this case was to prevent rotation of the limb either inwards or outwards, because it is obvious that if no such rotation be permitted, no dislocation can occur. All the requirements were carried out in this patient by the splint you see before you. It was accurately adapted, and answered remarkably well. You will observe that a sliding footpiece is attached, so as not to interfere with the growth or elongation of the limb. Children grow very rapidly, especially so if well-fed, when in the recumbent and supine position, and if the footpiece of the splint be fixed, there will be a constant contention, if we may so term it, between the restraint on the part of the splint and the changes incident to growth; so that the footpiece should be allowed to elongate itself as the child grows. The splint is also provided with a transverse portion under the footpiece, which prevents the possibility of any rotation either inwards or outwards. The patient was placed on her back upon a well-stuffed hair-mattrass bed, and this splint was kept on uninterruptedly, or nearly so, during seven months. It was taken off three or four times by myself with care, merely for the purpose of examining the progress of the cure, and of facilitating personal cleanliness. During the latter portion of the time she was taken out of doors, with the leathern case, or splint, on, and lying horizontally upon a little wheeled carriage, with easy springs. The medical treatment consisted simply of opium, in large doses at first to secure sleep, and one-sixteenth of a grain of bichloride of mercury twice a day, with sarsaparilla, during about a couple of months. No seton, no issue, no tartar emetic ointment, no croton oil liniments, nothing of the kind. The general health and appetite improved rapidly after the first month of confinement to bed. At the expiration of the seven months, all pain, tenderness, and constitutional disturbance having disappeared, she was soon allowed to take gentle and well-watched walking exercise, without harm. The abscess in the thigh gradually subsided, and was finally absorbed. I saw the patient again in about sixteen or eighteen months from the time she began to take independent exercise. She walked into my room quite comfortably, well in health, but rather flat-footed. She could then walk two miles without any difficulty or pain. The muscles of the thigh and leg were increasing in size almost weekly. There was a slight limp in the walk, the foot very little everted, and there was, perhaps, from about a quarter to half an inch shortening of that limb as compared with the other; there was no abscess to be felt, no fluctuation detectable anywhere, and the bony anchylosis was perfect. For the purpose of testing this latter point of bony union, I placed the child recumbent upon a couch, and pressing downwards upon the pelvis, endeavoured to flex the thigh-bone upon the pelvis, but I could not carry the thigh-bone towards the abdomen without lifting the pelvis at the same time; the other lower limb was perfectly natural in all its movements. I might suggest that the slight shortness of the diseased limb was due to the arrest of growth on that side while the other side was growing. This case, then, proves that although hip-joint disease may have existed uncontrolled during nearly a twelvemonth, yet that by rest alone the case is perfectly curable, with a stiff joint, which may be styled the best possible result in such a condition of joint; and the case shows also, I think, that there was no scrofulous condition, no tuberculous state of bones, for I cannot believe that if those bones had been scrofulous, we should have obtained such a rapid and perfect anchylosis, or bony union. I had intended making some remarks on this case in reference to the absorption of abscesses, but the time will not permit.

I now come to another case of hip-joint disease, from which I have the post mortem results. The patient had been partly in the hospital, and partly a private patient; and the case shows that, notwithstanding a tubercular constitution, yet, by rest and proper treatment, persons with severe hip-joint disease may do well.

Case of hip disease occurring in a scrofulous patient; the hip disease cured by rest.—A. B——, was thirteen years and a half old when he died, in Oct. 1857. He began to be lame in 1855. There was no known accident. He had pain in the upper part of the thigh, but no pain in the knee or hip, so far as he or his parents remembered. He was taken to an hospital surgeon, who believed the pain to be rheumatic. The patient was ordered by him to employ walking exercise every day, and to take tonics, and he was sent to the sea-side to improve his general health; but the local disease was not at all diminished, and he was, by particular request, admitted into Guy's Hospital, under a physician, in July, 1856. He was then thought to be rheumatic, and was treated for rheumatism. He remained six weeks without the slightest benefit. He was brought to my house in October, 1856, fifteen months after the joint disease had commenced, suffering clearly from hip-joint disease, and presenting a very tubercular and scrofulous appearance. There were all the symptoms of hip-joint disease resembling those of the little girl whose case I have just mentioned. There was pain in and about the hip-joint, great tenderness, great fulness, evident suppuration, and a constant disposition to dislocation of the thigh-bone. The foot was being turned inwards by the muscles, which were in a

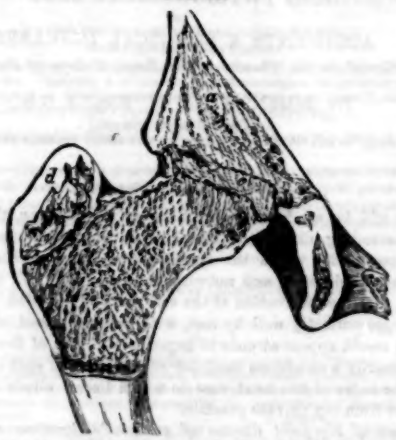
state of spasm, the jactitation and spasmodic jerking of the limb occurring most violently just as the patient was going off to sleep; and I may observe that this is the period of the day when dislocation most frequently happens. There was every indication, in fact, of dislocation taking place from this cause, if means were not employed to prevent it. The fluctuation of an abscess was obvious at the upper and outer side of the thigh, and the glands of the groin were enlarged. His nights were "horrible," his mother said; he suffered much pain, had no appetite, and was exceedingly feverish. The leathern splint I now show you was placed upon the patient, and as there

FIG. 42.

was an abscess then forming of considerable size, it was necessary to make an aperture in the splint, to allow of some local application, and to enable me subsequently, if necessary or advisable, to open the abscess without disturbing the hip-joint. The patient died about a year afterwards of chronic tubercular peritonitis; he had also some tubercles and cavities at the apices of both lungs. In this case we find both in the peritoneum and in the lungs the pathological evidences of the tubercular diathesis, or (if tubercle is to be the histological basis of scrofula) of the true scrofulous constitution; but notwithstanding all this, by keeping the patient's hip-joint perfectly quiet, we not only prevented dislocation, but allowed nature to produce bony anchylosis of the hip-joint. If ever there was a local condition which seemed to defy the probability of anchylosis of the hip-joint, it was in this case; or if there ever was a constitutional state the very opposite of that which would suggest anything like a prospect of good repair, this was such an instance. But here is the hip-joint itself of this patient; the bones are not perfectly consolidated, it is true, although they are very nearly so. (Fig. 43.) I have placed before you a faithful sketch of it, and you observe that the head of the femur is firmly joined to the floor of the acetabulum. In fact, so complete and so strong was the medium of union between the two bones that he had walked out of doors several times without the splint, and could bear his weight upon the limb without pain. The case also shows the possibility of recovery, notwithstanding a "scrofulous constitution."

Here, then, was a scrofulous constitution, but there is no evidence of tubercular deposit in the bones, and the repair is good. This case is also very encouraging to the pursuance of a persevering plan of treatment by "rest." The medical treatment of the case was very simple. Whilst the boy was suffering from a febrile condition, he took the ordinary fever medicines, and subsequently we gave him for a short time a small quantity of bichloride of mercury with sarsaparilla, and after that cod-liver oil and steel wine, securing at the same time rest to the hip-joint. *Absorption of the abscess was proceeding in this case.* The remains of the abscess were found in the form of a small quantity of sero-purulent fluid and a layer of semi-solid deposit upon the floor of the contracted cavity. This cavity communicated, by a very narrow, tortuous canal, scarcely larger than a probe, with the parts surrounding the joint, but its exact termination we could not detect.

FIG. 43.



This drawing represents a continuous vertical section of the os innominatum, acetabulum, and thigh-bone of this patient, aged thirteen and a half.
a, Os innominatum. *b*, Neck of thigh-bone. *c*, Epiphysis of head of bone united to the upper part of the acetabulum.
d, Epiphysis of trochanter major.

ON THE

ALKALINE HYPOPHOSPHITES, AND THEIR MEDICINAL PROPERTIES.

BY JOHN TAYLOR, ESQ., M.R.C.S. ENG.,
Liverpool.

(*Concluded from page 545.*)

IN anæmia and leucocythæmia I have prescribed the saccharo-alkaline hypophosphites with considerable advantage, being induced by the fact recently announced by Chevreul and Scherer, "that when hæmatin is dissolved in alkalies it is able to continue unchanged for a long time, and that on the access of atmospheric air it instantly attracts oxygen and becomes converted into a colourless body." Now, as I have before explained, alkalized sugar and alkaline hypophosphites separately possess the power of abstracting oxygen from surrounding bodies; it therefore seemed to me that their united efforts might afford protection to the hæmatin in the blood, and dispose to its increase from the ingesta; and such is the fact. Two cases in elucidation:—

A. S——, aged thirty, a female assistant in a shop, has pains through her chest and limbs, palpitation, short breathing, entire loss of appetite, and loathes the sight of food; has no sleep; is giddy on rising in the morning, and can scarcely dress herself; pulse 60, slow and weak; countenance anæmic; catamenia irregular: in short, though she had been a fine, muscular, ruddy-complexioned woman, she is now so weak that she can hardly walk up-stairs. The combination of hypophosphite of potash with a little syrup and sufficient tincture of gentian to render the medicine acceptable was exactly suited to the case. It produced sleep without an opiate—appetite without tonics, so that in five or six days she relished a beefsteak to breakfast; and after two renewals of the mixture (substituting the soda salt) every function was restored, and with hearty gratitude she observed that "she had never had anything that did her so much good." Many cases of a proximate nature occur daily, in which the action of the most reliable tonics disappoint, however varied the range. I

would suggest to my medical brethren the addition, under therapeutic rule, of a medicinal hypophosphite. It has sometimes had the effect of directing the proper action of the remedy that had previously been inert; and, on the other hand, the efficacy of an alkaline hypophosphite has been increased by the addition of a salt of iron formed by a vegetable acid—the citrate for example. It is the opinion of some persons that in order to test the value of the alkaline hypophosphites they should be given alone, in contravention of the time-honoured practice of combination by which various powers with intensity of action are secured. Take, for example, Dover's powder, and the infinitely varied combinations of calomel, opium, and ipecacuanha, by which our ancestry and ourselves have rendered good service. And so I find, in my experience with the hypophosphites, that not only is the basis (curare) needed, but also the adjuvans, corrigens, and constituens. Creosote, in doses of a quarter to half a drop, is a most valuable adjunct; and morphia proves sometimes an indispensable corrective. Ethers, the vegetable alkaloids, ammonia, liq. arsenical, and such metallic salts as do not produce decomposition, are not only chemically compatible but highly efficient combinations when therapeutically indicated. A very efficient pill may be formed of two grains of hypophosphite of soda or potash, two grains of sugar of milk, one-fifth of a drop of creosote, and one grain of any desired adjunct powder.

The next case of anæmia is that of a lady fifty years of age, the daughter of a retired navy surgeon, a widow with three children. This was a well-marked case, the extreme pallor of the skin and lips being accompanied with gradual loss of flesh, although her appetite was good, and she was taking freely of animal food and porter daily—her alvine and renal functions being well performed. Still her strength gradually decreased, so that within ten or twelve weeks she was changed from being a fine, tall, robust woman, to a feeble invalid, almost pulseless, and scarcely able to turn in bed; so inelastic were the air-cells that she gasped for air, and required the windows and door of her bed-room open in the depth of winter; she was sleepless; her voice, too, was reduced to a whisper; and she had a few aphthæ on the tongue and rectum. During the previous eight weeks she took the most esteemed tonics and hæmatogens without effect; and now, when the case had assumed this desperate aspect and her death was daily expected, I put her under the influence of a hypophosphite in the following form:—Solution of hypophosphite of soda, half a fluid ounce (equal to half a drachm of the dried salt); chloric ether, one fluid drachm; muriate of morphia, two grains; compound infusion of gentian to eight fluid ounces: one tablespoonful every three hours. The first effect was to infuse new vigour into her respiratory organs. The gasping for air ceased, and she felt that the beef decoction and other nutriment now improved her strength. A week's repetition of the means produced further improvement, she being able to get out of bed without assistance. On continuance of the medicine the morphia was omitted, sleep having now returned; but as the pallor and aphthæ remained, the tincture of sesquichloride of iron was added, without advantage. We were obliged to retrace; and as the potash salt was substituted for the soda, she rapidly acquired muscular strength, being altogether one month under the hopophosphite treatment; the only remaining symptom being numbness of the hands. The inference is, that the hypophosphites formed a nucleus for the formation of hæmatin, on which the protein compounds fixed and formed a pabulum for the secretions, as explained in the exordium. The same reasoning applies to the utility of the hypophosphites in most of the conditions in which they are remedial.

The impulsive demand for tribasic phosphate of lime in the construction of the teeth contributes to the disturbing influence called the fever of dentition; and this disturbance is often found to be most pyrexial in those children that have been ill-fed, or that have been too long suckled, both instances showing the want of a due proportion of phosphates. In the robust there is sympathetic spinal irritation, tending to convulsion; in the feeble and cachectic sympathetic nausea and purging, wearing out existence. In both forms have I given hypophosphite of potash with marked success: in the first, or sthenic form, with solution of acetate of ammonia and syrup of rhubarb; in the latter, with acacia and some tonic or aromatic tincture. It is delightful to witness the consolatory effect upon a fractious, pseudo-inflammatory child, some cases of minor intensity being cured by the first effort—say eight grains of the hypophosphite in a two-ounce mixture. Those of the asthenic form had considerable dyspnœa, cough, pale dry skin, and a feeble pulse; some requiring ammonia as an adjunct; others not; but in all the impressive power of the hypophosphite, with its appropriate adjunct, was most satisfactory—frequently but simple syrup or mucilage sufficed.

As to *catarrhal*, *leucorrhœal*, and *ichorous* discharges, and excessive depositions of *pus*,—without reciting their pathology, I may venture to say, that the most recent physiologists have defined the constitution of mucus and pus to be nearly identical, and differing only from other exudations by the considerable amount of "corpuscles they contain, loaded with phosphates and potash." It is not surprising, therefore, that these disorders should be attended with considerable debility, and that the accompanying fever resulting from over-depuration of the phosphates and other salts from the blood and tissues should be more frequently a hectic response than inflammatory. Whatever be the theory, daily hospital practice corresponds with this view. Every effort is made to supply the waste of phosphates by a direct supply of the material lost—from phosphatic food aided by various expedients and vinous stimulants to render that food appreciable. By these means fatal ulcerations of the mucous membrane, and sloughing from pressure on prominent parts, so common in low states of vitality, are prevented. Still success cannot at all times be commanded, particularly in the ichorous rectal discharges of the intemperate, with fistulous openings too prone to slough to afford a chance of reparation by enlarging the fistulous canal; an alkaline, alkaloid, or metallic hypophosphite, as circumstances may direct, will so far improve the alimentary secretions as to render food digestible that would otherwise be nauseated or rejected, by which means further disorganization may be prevented. On this principle, I have found the auxiliary aid of an alkaline hypophosphite most valuable in cases of over-depuration of pus, and in excessive catarrhal and leucorrhœal discharge, as well as in the graver exudations which gradually and irresistibly wear out vitality. But when advantage is thus gained it requires to be sustained by a sound nutritious diet, or the remedy will have to be repeated so long as the proper nutrition is withheld. If the low vital powers exercised in many diseases scarcely effect the solution of the then almost insoluble phosphates of ordinary food, and if, to quote an aphorism, "animal life dies out if not supplied with salts for the blood, though the food in other respects be nutritious," duty points to the use of a soluble phosphorous salt. The familiar experiment of attempting to sustain life in a dog solely by jelly food confirms the aphorism.

In conclusion, I would say, that I have not the exalted faith of Dr. Churchill in believing that the alkaline hypophosphites can *cure* phthisis in *all its stages*. They remarkably sustain the vital power, inducing a strong hope of a favourable issue, even under the depressing influence of cavernous ulcers; but in the advanced stage, from the want of the undiscovered antidote to tubercular degeneration, fatal lapses frequently ensue. In the earlier stages, and before vital declension has become a constitutional power controlling every organic function, they have an admirable effect, enabling the best known means to have increased remedial energy, and thus to effect many more cures than formerly.

The superiority of these alkaline salts in controlling night-sweats, compared with the acid treatment formerly in use which too frequently induced alternating diarrhœa, is a point also of some importance; and on the whole, if we believe that "disease is cured by natural processes, promoted by means which uphold vital power, and that our duty is to search for antidotes to morbid poisons, at the same time upholding vital power," it appears to me that we have in *phosphorus* and its *salts* the best known antidotes for phthisis. Much has been recently written condemnatory of this opinion; but when it is considered that the phosphorus administered has been of the ordinary stick form, comminuted, or in solution, and the hypophosphites (so called) have been given in doses that would have proved poisonous, if genuine, the opposing argument is not sustainable, and the deductions must necessarily be dissimilar. This result, however, has had the beneficial effect of awakening the spirit of research. It has induced some practitioners who have been fortunate in procuring the best hypophosphites extant to give five-grain doses in debility from various causes, and it has enabled me to discover their adaptation to the control of several morbid functions of the neuralgic form, for which the recognised antidotes had been unavailing, in addition to the specialties herein enumerated, many of which, so far as I know, are entirely new to the profession. The most useful in general practice may prove to be their stimulative power on the capillaries of the whole secretory system, another type of which I may add to those already mentioned, in a case of debility after parturition:—

Mrs. P——, aged forty, four days after favourable parturi-

tion of her fifth child; has a pale, perspirable skin, and a weak non-inflammatory pulse; excretions natural; thinks she has a good flow of milk, but the child is sucking through the whole night, and when removed from the breast is griped with greenish yellow stools, and cries incessantly until fed with artificial food. I gave the mother a mixture of hypophosphite of potash in compound infusion of gentian. She was relieved of her nervous anxiety the first night; but, on the second, both mother and child had perfect composure, the breasts were full of milk, her appetite was improved, and altogether a most agreeable change in her feelings had occurred, very remote from those she experienced when under suppression of milk from the shock of parturition. In promoting secretions, I am preferably inclined to the potash hypophosphite, for reasons explained early in the argument; but, as a pyrogenic and reformer of tissue in the advanced stages of phthisis and other disorganizations, I think, from the experience I have already had, the amorphous phosphorus will be found superior. I allude to the allotropic form produced by the subjection of common phosphorus in a closed vessel for several hours to the temperature of 400° to 450° Fahr., and which appears as a soft brown powder, incombustible below 500° Fahr., except when mixed with an explosive salt and under friction. Within certain conditions, the hypophosphites may be manufactured from it, with the evolution of non-explosive phosphuretted hydrogen H_3P; a great desideratum, no phosphoric acid being formed. At a future time, when further therapeutic investigations have been made, the results shall be published. Great care should be used in the manufacture of the hypophosphites from amorphous phosphorus, as it will violently explode, even below 200° Fahr., if the vessel has an adherent crust of carbon, sulphur, and metallic oxide, however small, the result of previous operations. This remark applies in some degree to ordinary phosphorus, whenever one or more of these adventitious substances are present.

The plea for giving so much importance to phosphorus and its salts in supporting vital function is, that it is a principal component in the organization of animals and in the circulation of vegetable life. It is computed by Stockhardt that the bones alone of the human body contain from sixteen to twenty-eight ounces of phosphorus, besides what is contained as the skeleton of the blood, flesh, and viscera; and as it is the cementing principle and bond of union to the other components of texture or tissue, we frequently witness the rapid disorganization caused by its displacement. Even a little alum in bread, by abstracting the phosphate of lime and forming an insoluble phosphate of alumina, soon softens the bones and makes their strength depend on lime and gelatin; the obvious consequence of which in the long bones of children is frequently a case of rickets, and in the viscera lesions not so well defined but equally destructive to health. It is somewhat remarkable that phosphate of soda, so essential to the blood, is technically used to render fabrics incombustible. It may have the property of controlling the too rapid combustion of the blood in respiration: if so, it is a curious fact in physiology, that a hypophosphite should be a pyrogenitor and a phosphate a pyroannihilator. Phosphates have been designed as the durable cement for both organic and inorganic structures; and as when Roman cement formed from the phosphatic stone nodules of the London clay is mixed for use with too much silica, loses its cohesive force, and crumbles to decay along with the building it was intended to support,—so with organic structures, when the normal proportion of the phosphates is reduced by morbid vital action or defective supply, disintegration of the bloodvessels ensues, as manifested in many forms of disease, attended with considerable weakness; chronic albuminuria may not prove an exception, and the replacement of phosphates by means of saccharo-alkaline hypophosphites may produce a beneficial result.

It is not in the vast, the awful, and the overwhelming alone that we are to look for the beneficent designs of creation, but also in the minute details of organization; and not least, probably, in the wisdom which constituted the basis of the tissues a *monobasic* phosphate suitable for absorption and replacement, and that of the bones *tribasic*—forming a structure so durable that, unless destroyed by diseased vital action, ages pass away but sparingly decomposing it, and even when exposed to air disintegrate more slowly than many rocks. So important is the continuous supply of phosphorus for the maintenance of animal and vegetable life regarded by a French writer, Baron Ernouf, that he deeply laments its possible exhaustion, and predicts "that as its return to the earth is not at all in proportion to its removal in grain and other produce, a day will come when the sun shall shine on an unpeopled and desert globe." The great error, he thinks, is in human sepulture; his aim being to make the fathers' bones subservient to the children's bread. Though many tons of phosphates are now wastefully washed into the sea for sanitary purposes, there is no fear of the future providential supply of phosphorus,—relying on the fact that its elements will in the progress of science be discovered and applied. A Scotch professor of chemistry throws out the suggestion that phosphorus probably consists of *hydrogen* and *nitrogen;* and he draws this conclusion from its analogies. If his speculation be correct, it is possible that it may be in some degree spontaneously formed as a secretion designed to give vital stimulus to each organ, and that reparation chiefly depends upon artificial supply from the ingesta.*

Hope-street, Liverpool, November, 1861.

CONTRIBUTIONS TO THE SCIENCE OF OBSTETRIC SURGERY.

By CHARLES EDWARDS, A.B., M.D., F.R.C.S., Cheltenham.

I PROCEED with observations on laceration or rupture of the perineum:—1st, its treatment &c. immediately after parturition; and, 2ndly, when it comes under the operator's care at a distant period from the same.

For the sake of brevity, I shall avail myself of an aphorismal expression of experience, especially as it regards the prompt treatment of the immediate lacerations:—

1st, then, almost all such, even where the spincter ani is involved, may unite, without any kind of suture, by *protracted* confinement to the recumbent posture, assidnous ablution, compresses over the glutei muscles secured by bandages, bandaged limbs, and the catheter, either retained or frequently introduced.

2nd. Whether the catheter be fixed or occasionally introduced, the result appears equally successful; and it seems to me, therefore, that the preference should be determined by the nerve of the patient and the convenience of the surgeon. And while on the subject of the catheter, I may here be permitted for a moment to digress into those cases of laceration requiring the severe but magnificent operation of Mr. I. B. Brown, by stating that, in a case which I shall detail in the sequel of this paper, lately operated on by myself, I taught the patient to introduce the catheter for herself, and thus to relieve herself of much possible distress at a midnight hour.

3rd. To recur to unions by simple apposition. They frequently terminate with a *median aperture* or defect, the junction or frænulum anterior to which is generally ruptured in the next accouchement.

4th. In these cases, by mere position and pressure, a not very uncommon result, on resuming the long-lost erect posture, is a most severe attack of traumatic, hysterical trismus. When this occurs, it is almost immediately with the first attempt to stand erect; its duration is about twelve hours when promptly treated with full opiates, which are usually very badly borne, and the results best relieved by assafœtida and coffee.

5th. Where any kind of suture has been used, I have never seen this fearful trismus to occur. This, and the length of time necessary for union by mere apposition, lead me to observe:

6th. Where much doubt is entertained about the amount of injury to the sphincter and recto-vaginal septum, in all such cases it is best to have recourse to a couple of simple sutures, of depth intermediate between the deep and superficial ones of Mr. Brown, with all the other precautions of position, bandages, catheter, and, in addition, collodion varnishing. In the majority of such cases adhesion will result, and, unless anxiously overprying, you may seldom know the fate of the threads.

7th. This operation by sutures of intermediate depth, if performed under the influence of chloroform immediately after a difficult confinement, is scarcely an additional infliction on the patient.

8th. I conclude the present communication by a word on the causes and prevention of perineal lacerations, exclusive of those which should not occur—namely, those from the absence or misapplication of support, and the unskilful application of instruments. Not merely a rigid perineum, but a peculiarly

* If anyone wishes for my particular alkaline hypophosphites, they can be obtained from Mr. Charles Taylor, manufacturing chemist, 10, Clevelandsquare, Liverpool; at 2s. per ounce.

opposite character of the same, are the predisponents to the accident in skilful hands. The latter I regard as the most difficult to manage, and exquisitely careful support alone will prevent the soft tissues giving way like moist brown paper. And in all such cases where the forceps must be used, the moment the child's head reaches the perineum I institute and advise a most simple manœuvre: I reverse the position of the hand of traction, turning the palmar surface to the pubis; the fingers being thus removed from the lock of the blades to the extremity of their handles, the force will be secured downwards and forwards; with this position of the hand excessive or sudden tractile force can scarcely be instituted; and by trial, more clearly than by description, will it be found how much more delicate and convenient perineal support may be applied by the left hand.

9th. Those lacerations which constitute my second division, and which, from their extent and distance of time from that of parturition, must be treated with both superficial and deep sutures, I propose to discuss in a subsequent paper, illustrating my remarks from my own practice, especially where I may, with much deference, have attempted to improve upon Mr. Brown's method of operating, &c.

Havelock House, Cheltenham, 1861.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. MARY'S HOSPITAL.

STONE IN THE BLADDER CRUSHED ON THREE OCCASIONS; PATIENT CURED WITHIN THREE WEEKS.

(Under the care of Mr. COULSON.)

IN the metropolitan hospitals, vesical calculi are commonly removed by lithotomy, when the patients are young, for in such cases the result of this operation is almost invariably successful. In a very few instances a preference has been given to crushing, but it is highly improbable that this mode of practice will ever become the rule in very young children. In the middle period of life, on the other hand, where the size and nature of the stone are favourable, lithotrity has proved very successful. It is also occasionally performed on aged persons whose condition of bodily health may be otherwise suitable.

It is laid down as a rule by many surgical writers that a small stone is more favourable for crushing than a large one, and what is understood by the former term is a stone within the diameter of an inch. The calculus in Mr. Coulson's patient came under this class, and as the condition of the urinary organs generally was unexceptionable, lithotrity was performed on three occasions, with the most satisfactory result, the fragments being completely got rid of, and the patient discharged from the hospital within three weeks, a period remarkably short when contrasted with that usually attending lithotomy.

An interesting point in the case is the passage of two fragments of the stone, of the size of hazel-nuts, a week after the first crushing; the interval between the first and third crushing was nine days. No bleeding ensued after any of the operations, nor was there any pain. Chloroform was not given, as Mr. Coulson considers that the sensations of the patient are the best guide to the operator.

John H——, aged fifty-one, married, was admitted on Oct. 18th, 1861, with symptoms of stone in the bladder. He states that about two years ago he suffered considerable pain in the left renal region, which soon left him. About nine months back, however, the pain recurred, and soon afterwards he began to experience uneasy symptoms whilst voiding his urine. The urine used to flow in a good stream, but frequently stopped suddenly. After micturition he experienced pain in the penis, especially at the glans, and a considerable amount of smarting in the urethra. On his admission he stated that he had a frequent desire to micturate, and the flow of urine often stopped suddenly. He was able to micturate better when lying down than when in the erect posture. On introducing a sound into the bladder, a calculus of moderate size could be distinctly felt, which was crushed by Mr. Coulson on the 23rd of October. The operation was conducted as follows:—A catheter was introduced, and four ounces of lukewarm water were then injected into the bladder, the patient being in the recumbent position, with the pelvis and shoulders raised. Weiss's lithotritus was introduced, and the stone easily crushed. The patient was put to bed, and ordered thirty minims of tincture of opium.

Oct. 24th.—Has had two shivering fits, one last night and another this morning; hot water applied to his feet. He was ordered twenty minims of tincture of henbane every four hours.

25th.—Passed a good night; can void his urine more freely, and without much smarting. The urine contains a small quantity of lithic acid detritus.

27th.—Feels an inclination to pass urine about every two hours. The act of micturition is still accompanied with a good deal of smarting, but the pain in the penis is much decreased; has had no return of shivering; the urine is high-coloured, and has a strong ammoniacal odour; appetite bad; does not sleep well.

29th.—Passed a much better night; does not experience a desire to void urine so often, and the smarting after micturition has somewhat decreased; good deal of detritus passed.

30th.—Slept well again last night. At ten o'clock this morning he passed a piece of lithic-acid calculus, about the size of a hazel-nut, and at twelve o'clock another piece about the same size. Has had no more shivering. Passes his urine about every four hours; has very little smarting now, and no pain. At two o'clock Mr. Coulson again crushed the stone, proceeding in the same manner as on the 23rd inst.

31st.—Slept tolerably well last night, but has had slight shivering. Passed two more small pieces of stone this morning, and a good deal of fine detritus. Complains of much smarting during and after the passage of the fragments along the urethra.

Nov. 1st.—Did not sleep quite so well last night. Passed more detritus, but no pieces of any size. Voids his urine every six hours. The stream of urine is good, but the act of micturition is accompanied by a great deal of smarting; the urine is not so highly coloured as it has been. Appetite improved; bowels open regularly.

2nd.—Slept rather better last night; has only passed urine twice during the last eighteen hours. Still complains of the pain in his penis, and of smarting after the act of micturition. The urine is not so high-coloured, and has not such a strong odour as formerly. At two o'clock to-day Mr. Maurice, the house-surgeon, crushed the remaining fragments of the calculus. The operation was conducted as before, and the patient experienced no inconvenience from it.

4th.—Got up for two hours this afternoon, but feels weak. Passed several pieces of stone yesterday, one of them being about the size of a small bean.

6th.—Has passed nothing more since the 3rd inst. Voids urine twice during the eighteen hours. Still complains of the pain in his penis, and of smarting after the act of micturition. The urine is not so high-coloured, and has not such a strong odour as formerly. At two o'clock to-day Mr. Maurice, the house-surgeon, crushed the remaining fragments of the calculus. The operation was conducted as before, and the patient experienced no inconvenience from it.

4th.—Got up for two hours this afternoon, but feels weak. Passed several pieces of stone yesterday, one of them being about the size of a small bean.

6th.—Has passed nothing more since the 3rd inst. Voids urine freely about every six hours, without much smarting. Is in no pain, and feels much stronger. The colour of the urine is natural, and it has entirely lost the ammoniacal odour. Sleeps well; appetite much improved.

In a week from this time the bladder was carefully examined by Mr. Coulson to ascertain if any portion of stone remained. It was found quite free, and in a few days afterwards the patient was discharged cured.

In this case all the indications favourable for lithotrity were present. The urethra and prostate were healthy, and the bladder could easily retain six or more ounces of urine. Moreover the stone was small.

ST. GEORGE'S HOSPITAL.

STONE IN THE NECK OF THE BLADDER, PROJECTING INTO THE URETHRA; DEATH FROM SCARLATINA.

(Under the care of Mr. JOHNSON.)

IN the following case the child would have been subjected to the operation of lithotomy, had he not been attacked with fatal scarlatina three days after entering the hospital. The

position which the stone occupied readily accounts for the very troublesome symptoms complained of during life:—

Samuel C——, aged three years, was admitted on the 6th of May last, with symptoms of stone in the bladder, which had existed for about eight months, and during the last few weeks he had constantly had great difficulty in voiding his urine. He was naturally a very fractious child, and his friends had given less attention to his symptoms than usual. Three days after admission he was attacked with scarlet fever, of which he died on the 15th of May.

Autopsy, fifteen hours after death.—Only the urinary organs were examined. A large stone, about twice the size of an almond, of an oval shape, was found lodged in the neck of the bladder, and projecting into the urethra. It was very rough and soft on the surface, which was formed evidently of the phosphates; but no section was made to ascertain the character of the interior. The posterior part of the urethra was lined with lymph and phosphatic deposit. The bladder was of small size; its coats much thickened and fasciculated. Projecting upwards from its apex was a small elongated cyst, which communicated with the cavity of the bladder by a minute opening, and bore great resemblance to a pervious portion of the urachus. As, however, it was not seen until after the removal of the organ from the body, this conjecture could not be verified. The ureters were thickened and large for the age of the child. The pelves of the kidneys were also somewhat dilated; the organs bloodless, but healthy in structure.

GREAT NORTHERN HOSPITAL.

NÆVUS IN THE CENTRE OF THE FOREHEAD OF AN INFANT: TREATMENT BY EXCISION; CURE.

(Under the care of Mr. GAY.)

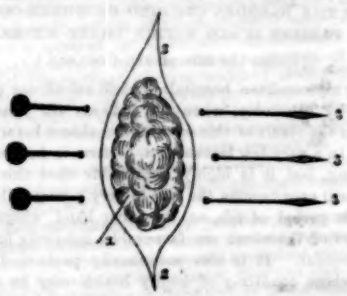
AN infant, five months old, was brought into the operating room of this institution on Thursday, the 24th ult., having a nævus in the centre of the forehead, just below the limits of the hair follicles. It was of the size of a small nut, and dipped, from the surface of the skin, above which it was prominent as a deep-red vascular growth, through the integument quite to the pericranium. As the mother had observed a steady increase in the growth, Mr. Gay removed it, and that by excision, in the following manner:—He first passed a hare-lip needle through the skin, below the base of the nævus, so that the ends emerged about one-eighth of an inch on each side beyond the extreme edge of the growth. He then removed the whole of the nævus by incision close to its margin, and instantly brought the sides of the wound together by means of a figure-of-8 ligature over the needle, as in cases of hare-lip. As the needle arrested only the bleeding in its immediate neighbourhood, it was necessary to put in two more, one on either side of the first, and to close the wound by ligatures as before. This *completely* stopped the hæmorrhage; when the whole was dressed with lint soaked in cold water. A very few drops of blood were lost, the needles were taken away on the fourth day, and the child presented at the hospital on the following Thursday with simply a linear mark indicating the seat of operation. The wound had perfectly healed.

The nævus, on subsequent examination, was found to occupy the cutis in its entire depth, and to make it somewhat thicker than the surrounding healthy skin. It was covered by healthy epidermis, which could be peeled off after maceration; it consequently possessed the normal function of separating healthy epithelium, which in its turn becomes healthy epidermis. The næval tissue, although defined and distinct in every respect from the cutis in which it was imbedded, could not be separated from it. The one passed into the other, as though but a local modification of its histological elements. These elements consisted, after maceration, in a considerable quantity of yellow, elastic, wavy fibre, convoluted as well as straight capillaries (?), the *débris* of blood-corpuscles, and other granular matter.

Modern surgery approves of the ligature as a means of extirpating these growths. Vaccination is seldom successful, and, in Mr. Gay's experience, the other methods of local irritation for the purpose of setting up adhesive inflammation in the tissue have been equally futile. The ligature has been preferred, because excision has been supposed to be dangerous, owing to the hæmorrhage attending it. But the ligature is open to two very decided objections. The first is, that the strangulation of these growths, whether the skin be included or not, is followed by severe pain, often constitutional irritation and fever, and (when the growth has been on the head or in the neighbourhood of nervous centres) sometimes death, preceded by convulsions and other symptoms denoting injury to the nervous system. Mr. Gay has seen this happen, and appeals to surgeons for like experience. The second objection arises from the large and tardily-healing wound and resulting cicatrix. And it must be remembered that cicatrices grow, and therefore, on the more exposed parts of the body, this is a very considerable evil. As to extirpation, Mr. Skey says that, "unless wide of the disease, it is necessarily attended with copious hæmorrhage, and its objection is obvious." Mr. Fergusson objects "on account of the size of the wound and consequent scar;" and "besides," adds this eminent surgeon, "there are few instances in which it is admissible." Nélaton also objects, on account of the loss of substance involved, the size of the cicatrix, and the hæmorrhage, owing to which, he says, "plusieurs enfans ont même succombé entre les mains des operateurs." (Elemens de Pathologie Chirurgicale.) The American surgeons, Drs. Physatt, Reese, Mott, and Jamieson, have extirpated them; but they tie any bleeding vessels, and fill up the wound with charpie, so that it is left to granulate. The size of the cicatrices is a grave objection to this mode of treatment subsequent to the operation.

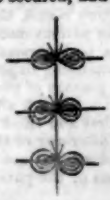
There can be no reasonable doubt that a clean-cut wound is better in every respect than the same extent of wound made by ligature, to say nothing of the process of sloughing, and the chance of having to repeat the ligature to some part of the growth in case of the first proving partially abortive, as it sometimes does; and that the only remaining objection to excision is the hæmorrhage. In both, a loss of tissue is unavoidable.

To avoid the hæmorrhage, and at the same time all but the smallest and most inconsiderable scar, Mr. Gay is now in the habit of treating these cases in the way just described, and has found no inconvenience to follow its adoption. The number of needles by which the tissues below the base of the nævus are to be transfixed must depend upon the size of the growth; and should hæmorrhage from any point follow the closing of the wound upon the needles already introduced, one or more may be added afterwards, and thus the blood can be completely stanched. The needles should be inserted at a right



1, Nævus. 2, 2, Line of incision. 3, 3, 3, Needles.

angle to the long axis of the tumour, for obvious reasons, and the incisions should come to a point at the extremities. The skin should be cut with an exceedingly sharp knife, and the cut edges be clean. In this way *immediate union of the edges* will be secured, and scarcely a mark will remain.



The part as it appears after excision of the nævus; the wound being closed by the needles and ligatures, as in hare-lip.

This mode of treatment is most suitable for infants, before the nævus has extended itself by growth, and whilst the skin is elastic, and admits of adaptation by stretching. Perhaps the larger nævi of the scalp may not admit of it. As yet Mr. Gay has had slight experience to warrant his recommending it. He, however, strongly recommends the extension of the excision method, as far as it can be practically carried; and for the larger nævi, or those situated in skin that is not sufficiently

extensile to admit of filling up the wound made in their removal, some modification might be suggested that will meet the difficulty, and give in the end the same advantages over the ligature.

ST. BARTHOLOMEW'S HOSPITAL.

EXCISION OF THE KNEE-JOINT FOR INTRACTABLE DISEASE.

(Under the care of Mr. SKEY.)

FOR the second time in this hospital the operation of excision of the knee-joint was performed by Mr. Skey on the 7th inst. The patient was a child, with disease of the articulation of some standing, which resisted every means employed to afford relief, after a prolonged stay in the hospital. It was therefore submitted to excision as preferable to amputation, and the child has progressed favourably thus far. We shall publish the details of the case, with several others, shortly. It will be remembered that some years back, when we recorded in the "Mirror" our first series of cases of excision of joints, they included one under the care of Mr. Stanley, in the person of a girl, who subsequently had her leg amputated to save her life. The operation, we may truly say, is now better understood, and is becoming more orthodox every day in hospital practice.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

NEW OPERATION FOR ENTROPIUM: DIVISION OF THE TENSOR TARSI MUSCLE FOR INVERTED EYELASHES.

(Under the care of Mr. HANCOCK.)

H. L——, aged twenty-four years, has been an out-patient for several weeks, suffering from entropium of the upper eyelids. The eylashes have been removed from time to time, with temporary relief.

On the 27th ult. he again applied. At this time he was suffering more than usual. The cornea were hazy; conjunctivæ much congested; and he could scarcely open his eyes from the intolerance of light.

He was admitted into the hospital, and on the 29th ult. Mr. Hancock cut through the tensor tarsi muscle of each eye between the punctum lachrymale of, the upper lid and the caruncle.

He left the hospital on the 2nd inst., much benefited. The haziness of the cornea had much diminished, the congestion of the conjunctivæ and intolerance of light had disappeared, and he could open his eyes with a degree of comfort he had not experienced for months past.

LONDON HOSPITAL.

OBSTINATE CONSTIPATION, WITH VOMITING, THE EGESTA HAVING A FÆCAL ODOUR; RECOVERY AFTER KNEADING THE BELLY.

(Under the care of Dr. FRASER and Mr. MAUNDER.)

A. B——, aged fifty, laundress, was admitted under the care of Dr. Fraser with the following symptoms and history. She had suffered more or less from constipation during the last two months, and during the last twelve days had experienced no alvine evacuation whatever, but constant nausea and vomiting. There was no history of previous attacks of constipation. At the present moment (the twelfth day from the commencement of the attack) constipation and vomiting persist, the matters ejected from the stomach having a most decided fæcal odour; abdomen tympanitic, especially over the region of the colon, both anteriorly and in the lumbar region; the pain of distension exists, but is not referred to any particular spot; loud gurglings are heard, and the patient says that they traverse to and fro the region of the large intestine.

Mr. Maunder saw the case at ten P.M. with Mr. Mackenzie, resident medical officer; and having failed to detect a hernial protrusion, and after having employed an O'Beirne's tube and a warm water enema in vain, it was determined to place the patient under the influence of chloroform and to manipulate the abdomen. As soon as perfect relaxation of the abdominal wall was obtained, the contents of the cavity were well shaken and kneaded by the hands of the operator, during which manœuvre a constant gurgling in the left iliac region was felt by him. (Mr. Maunder remarked that should ulceration be taking place in any part of the intestinal canal, such rough handling would in all probability lead to extravasation of the contents of the bowel and to a fatal result; but that any means affording the least chance of relief were justifiable prior to the alternative of opening the colon in the loin.) The patient was now returned to bed, and during the night and following morning a great quantity of flatus passed per anum, but the previously constant vomiting recurred twice only.

Dr. Fraser and Mr. Luke saw the case the next day, and advised a repetition of the use of the tube and enema; this was done, with a most favourable result, for a copious alvine evacuation followed.

The patient remained for some days with more or less tympanitis and sluggish bowels, but both symptoms subsided under the use of small doses of the watery extract of aloes, and she left the hospital well.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOV. 26TH, 1861.

DR. BABINGTON IN THE CHAIR.

CONGENITAL MALFORMATION OF THE EYES IN THREE CHILDREN OF ONE FAMILY.

BY THOMAS NUNNELEY, ESQ., F.R.C.S.

DURING the summer of 1860 a young lady aged fifteen was brought to the author. She had recently been sent to a boarding-school, where it was noticed that the sight was defective, and that application to books caused pain in the eyes, which soon became inflamed. Mr. Nunneley found both globes smaller than natural, not perfectly round, but somewhat flattened and rather soft to the touch. The sclerotic coats were vascular; the cornea conical; the irides thin, dull, and tremulous; the pupils considerably towards the nasal side of the centre, and very imperfect in action. Both eyes were myopic. The left eye was in all respects worse than the right. By attention the inflammation soon subsided, and she is now able to read and sew with comparative ease.

An elder sister who accompanied her had a similar congenital condition of the eyes, but in a much less degree.

In a brother, then thirteen years of age, the author found a total absence of the iris in both eyes. The ciliary processes, if at all developed, were so in a very slight degree. The choroid appeared normal; in an ordinary light, of a dense black; in a reflected light, the vessels were seen to be well developed. The retinæ seemed to be natural, and the lens in each eye was then perfectly transparent. Though no difference could be detected between the two eyes, the sight of the right was more defective than that of the left. The boy had attended the village school, and learned lessons with the other scholars. A strong light was unpleasant, but he did not court darkness. Neither lenses nor diaphragms were of any benefit to the sight. A few weeks after this time the lens in the right eye became muddy, and at the present date lenticular cataract has become fully formed, showing an expansion coequal with the cornea. The left eye continues in the same state as when first seen.

The father and mother have good sight. Some years ago the author operated for congenital cataract in a first cousin (on the mother's side) to these young persons.

Mr. SOELBERG WELLS wished, if Mr. Nunneley was present, to ask him for some information upon one or two points in connexion with these cases. First, whether the asthenopia in the case of myopia did not depend upon insufficiency of the internal recti muscles. Asthenopia was almost always due either to insufficiency of the internal recti muscles of the eye or to hypermetropia. This weakness of the internal recti was generally met with in cases of considerable myopia, in which the print or work had to be held very close to the eyes; if the internal recti were not sufficiently strong to maintain the requisite amount of convergence of the optic axes, symptoms of asthenopia soon showed themselves, and necessitated a temporary cessation of reading, &c. Hypermetropia was, however, a still more frequent cause of asthenopia. In the second place, he (Mr. Wells) would like to know whether Mr. Nunneley had made any examination of the power of accommodation in the case of irideremia totalis. Such cases were of

particular interest with reference to the mechanism of accommodation of the eye to different distances. He himself had seen a patient in Von Graefe's clinique (and assisted in some of the examinations as to his power of accommodation) who had a total want of the iris, and who yet accommodated perfectly. The accident arose in this way: whilst Von Graefe was performing an iridectomy, outwards, on the right eye, the patient suddenly tossed his head on one side just as the iris had been seized by the forceps; an iridodyalisis of the opposite (inner) side was the consequence, and Von Graefe at once removed the whole iris. After a few days, repeated and most carefully conducted examinations of his power of accommodation with the eye were made, and it was found that, although the iris was perfectly wanting, the accommodation was normal (about one-sixth). This case, therefore, sufficiently proves that the mechanism of accommodation does not depend upon the iris, but most likely completely upon the action of the ciliary muscle.

OBSTETRICAL SOCIETY OF LONDON.

DECEMBER 4TH, 1861.

DR. TYLER SMITH, PRESIDENT.

THE gentlemen proposed at the last meeting were duly elected. The following, now proposed, are to be balloted for at the next meeting: Dr. W. Braithwaite, Leeds; Mr. W. Gayton; Dr. R. Sarell, Constantinople; Mr. W. Sankey; Mr. T. F. Sanger; Mr. Henry Smith, St. Mary's Hospital; Mr. Joseph Teale, Leeds; Mr. C. S. Watkins.

Dr. HARLEY communicated, for Dr. NEWMAN of Fulbeck, the

CASE OF A PATIENT WHO IN EIGHTEEN PREGNANCIES GAVE BIRTH TO ONLY SEVEN LIVING CHILDREN, THE ELEVEN OTHERS HAVING BEEN EXPELLED DEAD AT VARIOUS PERIODS OF GESTATION.

He (Dr. Harley) remarked that although it was now well known that the fœtus in utero, like the child after birth, was liable to accidental as well as hereditary diseases, the different morbid conditions affecting the former were still imperfectly understood. Sometimes we find on the expelled fœtus direct evidence of the accidental disease under which it has laboured: as, for example, when its skin is covered with a small-pox eruption; or of hereditary disease, as when syphilis is present. In by far the majority of cases, however, no direct or indirect clue to the cause of death can be discovered by an inspection of the child, and we are too frequently forced to attribute the death to syphilis on the one hand (where any evidence of its existence in the parents can be made out), or to some faulty condition of the placenta on the other, even when that is not very apparent. As there can be no doubt that if we knew a little more of the "causes" proving fatal to the child in utero, we might in some cases be able to avert them, every contribution to pathology in this direction ought to be welcomed by the obstetrician. In Dr. Newman's case there is no evidence of either parent having ever laboured under syphilis, or of their being the subjects of hereditary disease. The woman, aged forty-three, has been married twenty-three years, and during that interval has been pregnant eighteen times. Of these, seven children have been born alive, and at the full term; seven dead, at from seven to nine months; four dead, at from four to six months. Of the seven born alive, three only survive, and only the firstborn is strong and healthy; of the other two, one is idiotic, the other feeble and always ailing. Dr. Newman remarks that in the first pregnancy alone was the child born in health. The tendency to defective development in the offspring was progressively increased. In every one of the later pregnancies the child has been expelled dead, and the diminution of formative power has been strictly coincident with the decline in the mother's health and strength. In concluding, Dr. Harley cited some cases from a German author corroborative of the same idea.

Dr. GRAILY HEWITT exhibited a specimen of

ABORTION; RETENTION AND GROWTH OF THE DECIDUA FOR FIVE MONTHS AFTER THE DEATH OF THE FŒTUS.

The case occurred in the practice of Dr. Stewart, of St. John's-wood, who had forwarded the specimen to Dr. Graily Hewitt for examination. The specimen consists of the decidua, greatly thickened; the amnion and the fœtus, the latter shrivelled up, and having the size of a horse-bean. The history of the case made it apparent that the fœtus had ceased to live about April, 1861, when the patient supposed herself to be nearly three months pregnant. On September 15th last the specimen was expelled, and between April and September there had been a constant discharge of a darkish, thickish, offensive fluid, which, however, was considered menstrual by the patient.

Dr. GRAILY HEWITT showed, for Dr. HOLMAN, of Reigate, a specimen of

KNOT ON THE FUNIS IN A CASE IN WHICH THE FŒTUS WAS BORN DEAD,

and which occurred in the practice of Mr. Sankey, of Dover.

Dr. TYLER SMITH exhibited his

INSTRUMENT FOR THE REMOVAL OF POLYPI OF THE UTERUS.

It consisted of a rod and winch with double canula, made sufficiently strong to carry wire, and bear tension enough to cut through the neck of a polypus at once. In his opinion the best practice was to remove polypi from the uterine cavity, and not to wait until they had been extended into the vagina. Many of the deaths in cases of polypus arose from delay in their removal, causing excessive and long-continued hæmorrhage; or the poisonous effects of the decomposing mass, when the ordinary ligature was used, and many days occupied in cutting through the polypus. With this instrument, and a single or stranded iron or copper wire, it was generally possible to remove a polypus in a few minutes, whenever the os was sufficiently open to admit the canula.

Dr. GRAILY HEWITT communicated, for Dr. HENRY HANKS,

A CASE OF UNITED CHILDREN, OR DOUBLE MONSTROSITY.

The children were united from the top of the sternum to the umbilicus; one child measured eighteen inches, the other seventeen. The weight of the two was 16¼ lb. They were born dead after a somewhat tedious labour. The heads came first, the forehead of one child pressing firmly on the neck of the child which was most advanced. The mother did well.

Dr. TYLER SMITH remarked that the case of Dr. Hanks was interesting as throwing light upon the mechanism of delivery in monstrous births. The common opinion had been that they were delivered by a form of spontaneous involution; but in the present case the head of the second child followed immediately upon the head of the first, filling up the hollow between its head and shoulders.

Mr. SPENCER WELLS exhibited a

CAST OF THE FEMALE BLADDER

which had been passed through the urethra on the morning of the meeting. The specimen consisted of the whole of the mucous membrane and some portions of the muscular coat of a dilated bladder. Mr. Wells said that it was not uncommon for shreds of gangrenous mucous membrane to be passed in cases of chronic cystitis, and considerable portions have been found detached in the bladder after death, more or less encrusted with the saline constituents of the urine; but he believed that this case—in which a complete cast of the interior of the bladder had passed during life—was almost, if not quite, unique. The patient had been delivered of her first child some weeks before, after considerable force had been used with the forceps for two hours. Symptoms of cystitis came on, the urine became ammoniacal and very fetid, and Mr. Wells had been consulted on account of the cast appearing to emerge from the urethra. The patient seemed to be going on remarkably well.

Dr. TANNER (after inquiring if the patient had been able to pass her urine naturally) said that the preparation which had just been shown corroborated the truth of some remarks he made at the last meeting of the Society, when Mr. Spencer Wells exhibited a bladder which had been inflamed, and where death was thought to have resulted from the non-employment of the catheter. In the present instance there had been no retention of urine, and yet after a tedious labour inflammation had set in, and the entire mucous coat of the bladder had been thrown off.

Mr. S. WELLS replied that the gangrene was due in both cases to cystitis. In the one case the pressure of the child's head, or of the forceps, might have produced the inflammation, and there was no retention; but in the other, the labour was perfectly natural, and there was retention of urine for sixty hours, quite a sufficient cause of cystitis.

Dr. HARLEY said that he had examined the urine of this patient some days before Mr. Wells saw her. It contained a very large quantity of carbonate of ammonia, some albumen, some blood-corpuscles, and afterwards a portion which floated on the surface was found to be distinctly chylous.

Dr. BARNES related a case which had recently been observed in the London Hospital. A woman was admitted for the immediate purpose of having a catheter which had been lost in the bladder extracted. The catheter was removed by Mr. Maunder. The patient, suffering from retroversion of the gravid womb, came under the care of the speaker. Some time afterwards the resident-accoucheur, while introducing the catheter, felt its point obstructed by a solid substance in the bladder; a portion of this substance appearing at the orifice was seized, and the whole drawn out. It was a large sac, exactly resembling a bladder. Examined by an accomplished histologist, it was concluded to be, not the exfoliation of the inner coats of the patient's bladder, but the bladder of an inferior animal which had been surreptitiously introduced. Upon this point the author did not express any opinion of his own. The patient had apparently quite recovered.

Dr. PRIESTLEY said that similar casts of mucous membrane were shed from the interior of the uterus, and Dr. Farre had described cases in which nearly the whole of the mucous membrane of the vagina had been shed; so that it was not surprising that the mucous membrane of the bladder should also be shed. But he thought, as this was one of the first cases, if not the very first, in which such a shedding of the bladder had been actually observed, a careful microscopical examination should be made of the specimen, and the description preserved in the "Transactions" of the Society.

It was ultimately arranged that Dr. Harley and Mr. Spencer Wells should prepare a detailed report on the specimen for the next meeting.

ON A CASE OF PERITONITIS CAUSED BY ESCAPE OF PUS FROM THE FALLOPIAN TUBE INTO THE ABDOMINAL CAVITY, FOLLOWING ON ABORTION ARTIFICIALLY INDUCED.

BY ROBERT BARNES, M.D., F.R.C.P., ETC.

The author cited the memoirs of Professor E. Martin of Berlin, Howitz, Förster, and Vocke, in which were described cases of peritonitis caused by the escape of pus from the uterus and Fallopian tubes into the abdominal cavity. Peritonitis arising in this manner might be puerperal or non-puerperal. The condition of the uterus and tubes leading to this accident had been described under the names of salpingitis, salpingitis puerperalis, and metro-salpingitis. The prominent symptoms were: At a stage when involution of the uterus had made considerable progress, the enlarged tubes might be felt. When escape of pus takes place, sudden acute pain follows, then fever. The quick-ensuing tympanitis may obscure the signs of peritonitis.

The case narrated by the author was, it was believed, the first of the kind that had been recorded as having been observed in this country. The patient had been subjected to some operations, undertaken for the purpose of bringing on abortion. She was shortly afterwards delivered of twins, and died with symptoms of metritis and peritonitis. The post-mortem appearances were described by Mr. Oliver, house-surgeon to the London Hospital. On the lips of the os uteri were three distinct punctures (the result of the manœuvres employed to procure abortion). The mucous membrane of the uterus was covered with pus and disintegrated blood. On slitting up the Fallopian tubes, little masses of pus could be seen at intervals, and in the left tube pus was distinctly traceable into the abdominal cavity. The author, to whom the depositions taken in this case had been submitted by the Coroner, concluded that the pathological changes began in the uterine cavity upon the violent avulsion of the ovum; that inflammation was here set up by the decomposition of the placental remains and of blood; that the inflammation spread along the Fallopian tubes, resulting in the formation of pus, and escape of pus into the abdominal cavity; and that this was the cause of the peritonitis.

Reviews and Notices of Books.

Transactions of the Pathological Society of London. Vol. XII. Comprising the Report of the Proceedings for the Session 1860–61. pp. 256, with 10 Plates and 28 Woodcuts. London.

WITH the completion of this twelfth volume of *curiosa anatomica pathologica*, we cannot help feeling that the time has arrived when a general index is absolutely necessary. We are getting more tired every year of having to consult the index of each volume when we are at work upon any particular subject. Beyond the twelfth volume we certainly cannot go. If such an index be not soon forthcoming, these books, which contain so much valuable matter, will be allowed by the profession to remain unconsulted upon their shelves, along with a heap of serials rendered equally useless from a want of the same advantage. Not any fault can be found with the indices of the different volumes individually; indeed, they may be taken as models for other treatises, and the labour of compiling a general index from them would be comparatively a light one. The histories of interesting "cases" and "specimens" are accumulating at a terrible rate every day, and half a man's life may be taken up in sifting them for his particular object of inquiry. If we cannot get a royal road to the arcana of our professional archives, it behoves us to strike out one at least somewhat more facile than that which we have hitherto followed.

Though of smaller size than several of the previous volumes, the present one will be found not less interesting as a record of some of the more important organic changes which are to be met with in the human body. We may allude to the following communications as worthy of particular attention:—"On the Weight and Specific Gravity of the Brain," by Dr. Peacock; "A Case of Spontaneous Coagulation of the Blood in the Arteries of the Limbs," by Dr. Dickinson; "Case of Colloid Cancer illustrating the Independent Vitality of the Cancer-Cell," by the same gentleman; and "On Chronic Rheumatic Arthritis," by Mr. Canton. Mr. Flower's paper upon the Shoulder-Joint, and Mr. Sedgwick's upon Keloid, are also specially interesting.

A Survey of Human Progress, from the Savage State to the Highest Civilization yet attained: a progress as little perceived by the multitude in any age as is the slow growing of a tree by the children who play under its shade, but which is leading to a new condition of mankind on earth. By NEIL ARNOTT, M.D., F.R.S., &c. &c. pp. 188. London: Longman.

INSTEAD of venturing upon any criticism of this *brochure* of a well-known and respected writer, we shall present the reader with a sketch of its contents. The general thesis may be said to be a review of the steps of the progress made by man in gradually but greatly advancing from the low condition called that of the savage to various degrees of civilization. The work is divided into four chapters, with a body of notes and illustrations. The argument of the first chapter is—Human Progress compared with the Stationary Condition of the Lower Animals. That of the second chapter—The gradual discovery that all objects and phenomena in nature are but repetitions of a few types. That of the third—The art of civilization grows as the race multiplies. The argument of the fourth chapter is—Education and the order of study.

"This little volume is intended to afford the reader a gratification somewhat resembling that of him who contemplates a scene of great interest from a commanding height. It aims at placing the reader mentally on a moving pinnacle, from which he may view not only a part but the whole of man's earthly abode, and not only as things are now, but as they have been in past times, and to some extent as they are likely to be in the future."

How far the author has been happy and successful in bringing these weighty matters within the grasp of our minds we must leave our readers to determine for themselves.

MEDICAL MEN IN BRAZIL. — "L'Union Médicale" states, in an article on foreign medical events, that in Brazil there are 13 medical men in the Chamber of Representatives out of 120 members, and 2 in the Senate out of 50 senators. The same journal mentions an unfortunate occurrence at Dantzic. It appears that Dr. Stich, chief physician of the hospital there, was tried before a criminal court for having made a wrong diagnosis, the accusation being brought by the Royal College of Physicians of Königsberg. Dr. Stich was simply fined, and the payment was remitted on the occasion of the King's coronation.

THE LANCET.

LONDON: SATURDAY, DECEMBER 14, 1861.

THE worst features of a bad case not seldom remain doubtful or concealed until its advocates enter upon the defence. Never has this truth been more strikingly illustrated than in the defence, set up in a local paper, of the sanitary condition of Winchester. The conservators of the cesspool system and its attendant evils have taken a full measure of rope, and the result is that, self-convicted, they are ripe for execution. Most people who have been accustomed to cleanliness, and who believe that cleanliness is the parent of health, would be satisfied that Winchester is in an unfortunate predicament, the moment it was proved to them that the soil is riddled with cesspools, and therefore sodden with excrement. The common sense and the decent instincts even of laymen must revolt at the notion of living in one's own filth. It ought to be scarcely necessary to call in the doctor for the sake of being assured upon professional authority that such a mode of existence is unwholesome and dangerous. But since evidence the most extensive in range and the most minute in inquiry has now been accumulated to prove beyond cavil the intimate association between sewage-emanations and fever, scarlatina, and measles, no community and no individual exerting municipal or paternal authority can stand acquitted of wilful negligence of duty, who would seek to obstruct the removal of an evil so foul and so destructive. A journal, which we cannot believe represents the inhabitants of Winchester, admits the absence of drainage, admits that cesspools abound, admits that the water is bad,—indeed admits every physical nuisance that is laid to the charge of the town, and then, with admirable assurance, proceeds to prove on statistical evidence that the town is not only healthy, but healthy in its different quarters in exact proportion to the prevalence of cesspools! The more abundant the excrement, the more salubrious the spot! A new doctrine, truly! Health, like mushrooms, springs from dung! Things must be bad indeed where such a depth of degradation of the physical and moral sense has been reached. An old adage says, "Cuique suus crepitus bene olet." In Winchester, this is carried a good step further. We are told that in the parishes of St. Thomas, St. Bartholomew Hyde, and St. Lawrence, the mortality has for the past five years been but 15 per 1000 of the population; and that "St. Law-"rence, of all the parishes in the city, is the one that requires "draining the most." We can only say that if there is any truth in hygienic laws, St. Lawrence would be the healthiest spot in all the world if duly drained. But it appears that all Winchester is not so fortunate. In several parishes the mortality is 22 in 1000; in another, 24; in another, 25; and in another, 28. But then, strange to say, these are exactly the districts where drainage is least required! The houses in these districts, where the mortality exceeds that of some of the most densely-peopled of the Metropolis, have all gardens, and stand on comparatively high ground. But if we want a model sanitary district, a place where the death-rate is reduced to the lowest standard, we must imitate the conditions of St. Lawrence, where a mortality of 15 in 1000 is secured by "crowding "the houses together, by building them without back outlets "or even back-doors, with cesspools in the cellars, and in close "courts." We refrain from enforcing upon the public the logical deductions from these facts, because we imagine that even for the sake of arriving at that statistical elysium, a mortality of 15 in 1000, people would object to live in houses without back-doors, and to cesspools in their cellars.

But as the conservator of cesspools proceeds in his argument, new facts come out. We learn "that the higher mortality of "the lower portions of the town does not arise from a want of "drainage, but from causes which drainage cannot remedy or "remove—overcrowded dwellings, filthy habits, poverty, in-"temperance, and, above all, a want of wholesome water." This passage imposes upon us the duty of repeating what we hoped was amongst the things generally known—namely, that there really is a very intimate association between filth and sickness; between sickness and poverty; between poverty and recklessness and intemperance. How can a person be cleanly with a cesspool in his cellar? How can he be expected to be temperate, if the only water he can get is fouled by percolation from his cesspool? How can he preserve health, if he inhale the stenches from his own ordure by night, and drink a solution of it by day? How can he escape from the crushing nip of poverty, if he fall sick? The sequence is inexorable. Much have they to answer for who refuse, for the sake of avoiding a health-tax, to provide drainage, which, if not a complete remedy, would strike a heavy blow at the root of these evils. Nor is it necessarily so costly a matter as the stick-in-the-midden party apprehend. A well-devised system of drainage would secure the removal and disinfection of the sewage, and the application of it to the fertilization of the soil. Carlisle and Croydon do not find sewerage carried out on this principle extravagant in cost, or unfruitful in comfort or health. We earnestly trust that the inhabitants of Winchester will fearlessly inquire into this vital subject; that they will discard prejudice; that they will not trust blindly to statistics, which can never be rightly interpreted without special knowledge and individual observation at the sources. Let them not be satisfied with bare death-rates; but let the particular causes of the deaths be studied. Let the habitats of sickness, of fever, of poverty, of crime be examined; and they will surely find evidence enough to compel them to the immediate execution of the approved sanitary remedies. Already it has been found necessary to institute a scrutiny into the causes which have rendered the County Hospital the abode of erysipelas. In a recent report it is urged that the unhealthiness of this institution—where health is promised—is deserving the gravest attention of the governors. It has been felt incumbent "to take into consideration the de-"sirability of removing the building to another, or improving "it on the present, site." A main cause of the insalubrity of this institution is admitted to be the agglomeration of cesspools which surround it. Why not apply the like reasoning to the private dwellings? The hospital may, indeed, be removed, perhaps to such a distance as to entail much suffering to the poor; but Winchester itself cannot be removed. If the site of the old camp is fouled, and has become from long occupation uninhabitable, the inhabitants cannot resume the customs of their warlike and nomadic ancestors and seek fresh fields. The only thing left to do is—to remove the filth.

FIFTEEN years have just been completed since the first capital operation was performed upon a patient who had been subjected to the influence of an anæsthetic agent. This was done by Professor HAYWARD at the Massachusett's General Hospital on November the 17th, 1846. The operation performed was amputation above the knee in a female. Previous to this undertaking Dr. MORTON had extracted a tooth, and Dr. WARREN had removed a nævus from the face, under the same circumstances. The dates of these operations were September 30th and October 16th, preceding the time of Professor HAYWARD'S venture. The anæsthetic agent employed upon each occasion was sulphuric ether. Since that period until the present time anæsthetics have been in constant use, and for all sorts of purposes where the induction of insensibility to pain is desired, and the arrest of convulsive and spasmodic movements sought for. We have seen it employed in lithotomy, in tetanus, in cases of poisoning by strychnia, in whooping-cough, and in parturition. Teeth are removed without pain by its aid, and we have witnessed the most urgent vomiting of pregnancy arrested by its application along with that of opium to the epigastrium. The uses of anæsthetics, indeed, are manifold. It is not surprising, then, that several agents should have been recommended as endowed with superior soothing and benumbing powers. Of them, however, ether and chloroform have alone kept the field. Of amylene we do not hear anything now, and we presume that keroselene, the last candidate for favour, will soon be forgotten. Whether the first two will continue to occupy the field, or whether one will finally displace the other, and which will be the conqueror, are points upon which it would be now premature to decide. Ether is not employed as an anæsthetic agent to any extent in Great Britain nor in many parts of Continental Europe. Here chloroform is used. But, upon the other hand, ether is habitually exhibited at Lyons and Naples, and is the only anæsthetic administered in the principal hospitals of the United States of America. And what are the reasons given for the adoption of each particular agent by its employers. "We use ether in preference to chloroform," say the advocates of the former, "because it never kills." "We prefer chloroform to ether," urge the partisans of the other, "because it is quicker and surer in its action, more agreeable to breathe, and more portable to carry." "We deny that these asserted advantages of chloroform are so prominent as you maintain." "Nor is ether so decidedly innocent as you affirm." "Ether," replies Professor HAYWARD, "is, I am "confident, a perfectly safe anæsthetic agent. I have not been "able to find any well-attested case of death from its inhala- "tion. There may have been such, but they have never come "to my knowledge, though I have taken unwearied pains to "obtain information on this point.....I have given it in several "hundred cases, and witnessed its exhibition by others in as "many more. I have administered it to infants not three "weeks old, and to persons more than threescore years and "ten, and have never in a single instance seen an alarming or "distressing effect produced by it." The surgeons of Lyons declare, that "since the adoption of ether in place of chloro- "form, the necrology of anæsthesia has not received an addi- "tional instance" in their city. Signor PALASCHIANO, of Naples, maintains it to be "infinitely safer than chloroform;" and in Mr. ERICHSEN'S work it is affirmed of ether that "no death has yet resulted from its use."

As we before stated, fifteen years have passed since the contest began, and it cannot be considered to be yet settled. Some nine or ten months since we laid before our readers the intention of the Boston Society for Medical Improvement to appoint a Committee "to investigate the alleged deaths from the inhalation of sulphuric ether, and to report thereon." The desire of our American brethren to arrive at a conclusive judgment upon an important question connected with anæsthetics was widely made known to the profession, in order that the latter might give all possible assistance. The Committee has just issued its Report.* It commences, after a few prefatory remarks, with the following preamble:—

"When the subject of chloroform first came under discussion, its dangers were commented upon, and even then freely acknowledged. It had not been two months introduced, when 'a well developed girl of fifteen' died from its administration for the evulsion of a toe-nail, 'the process of inhalation, operation, and death, not having occupied more than two minutes.' Since that time deaths from its use have repeatedly occurred. On the other hand, fatal results from ether, although still figuring in the statistics of mortality from anæsthetics, are everywhere admitted to be infrequent. Indeed the opinion has been expressed by various authorities both in America and Europe, that a death really attributable to the inhalation of sulphuric ether is yet to be reported. The correctness of this opinion has, however, been repeatedly denied, and the strong conviction of the absolute safety of this agent which exists in some localities in this country is thought to have its foundation rather in the desire that the fact might be established, than in the proof that it was so. Of course no one intends to say that a person cannot be killed by ether. The inhalation of its vapour without a sufficient admixture of oxygen destroys life by asphyxia. This may happen, and unfortunately has happened, but such an event cannot be laid to the anæsthetic, since in such a case it is the method of administration, and in no sense the ether which causes the fatal result. It is the purpose of this Report to solve the doubt just implied with regard to the absolute safety of sulphuric ether, and to investigate the dangers of its use as compared with chloroform."—p. 3.

After having considered what conditions and precautions are necessary in bringing about a state of insensibility by the employment of ether, and what phenomena of etherization have an apparent or real danger, the Committee next undertake to prove that, these conditions being fulfilled, "sulphuric "ether is of all anæsthetic agents alone worthy of unlimited "confidence." This is a simple and bold statement, and could it be received without demur—which we think it cannot, after perusal of the Report before us,—chloroform, the anæsthetic most in vogue, would gradually be displaced. The Boston umpires maintain that, with unequalled facilities to examine the literature of the subject under discussion, with all the chief foreign and American journals at hand, and the results of a most extensive distribution of circulars, no case of which they have knowledge can be cited as *unquestionably* and *unavoidably* fatal from the inhalation of pure sulphuric ether. The whole number of alleged deaths from this agent collected by the Committee is forty-one, and some details of each case are given in an appendix; references are also made to other instances of death stated to have been in any way connected with the inhalation of ether. Now all these examples are rejected by the Reporters as failing to prove that the ether was necessarily the cause of death, because not one is limited by

* Report of a Committee of the Boston Society for Medical Improvement on the Alleged Dangers which accompany the Inhalation of Sulphuric Ether. pp. 36. Boston, 1861.

those conditions which they consider as essential to any case of death fairly attributable to the inhalation of an anæsthetic agent. These conditions are—1st, that death should occur while the patient is actually in an anæsthetic state; 2nd, that its occurrence should be inexplicable by any phenomena of disease or operation. Now out of the forty-one cases detailed, sixteen survived the operation from three to sixteen days; whilst in seventeen cases, where death was immediate or nearly so, the Reporters regard the connexion between the result and the inhalation as "either problematical or else manifestly absurd and unfounded, except in four instances where "it was due to asphyxia, brought about by wholly avoidable causes." The remaining cases of the table "are no better able to stand the test of examination," and hence the Boston committee have determined that their careful search "furnishes not a single conclusive case of death from the "proper inhalation of pure sulphuric ether" (p. 12).

We have not the least doubt but that the Boston Committee has believed itself justified in coming to this decision. We, upon the contrary, think it has mystified itself in a maze of special pleading and assumption. The same desire to seek for a more recondite cause of death than that by ether applied to the fatal cases from chloroform, would equally acquit this agent also, and explain away half of its alleged mortality. The details of many of the cases given in the Report are, no doubt, of such a kind as to show that the inhalation of ether was probably not unavoidably and unquestionably the cause of death, unhelped by contingent circumstances. But may not the same thing be said of many of the recorded deaths from chloroform? Further, the perusal of other cases cannot but lead the unprejudiced mind to think that to the ether, and the ether alone, is the fatal event to be attributed. Only let the word *chloroform* be substituted for *ether* in these instances, and the Boston Reporters would not have much hesitation in assigning the cause of death. We do not think, then, that our American *confrères* have by any means proved the perfect innocuousness of ether. They have published, however, a very interesting Report.

THE sum awarded by the arbitrators to be given by the Railway Company as the compensation for the site of St. Thomas's Hospital is £296,000. We have no comment to make upon this decision, beyond this one—that the amount cannot be regarded as excessive. It is, however, large enough to enable the governors to purchase a convenient site in Walworth or Lambeth, and to re-erect the hospital on a scale befitting its magnificent endowments and the needs of the enormous industrial population that crowd the southern shore of the river. Wanton extravagance could hardly expend more than £200,000 in the erection of an hospital capable of receiving 600 patients, and the buildings required for the medical college. The surplus of £96,000 is more than enough for the convalescent "succursal" which the authorities will, perhaps, be desirous to erect in the country.

The displacement of St. Thomas's offers a great opportunity for adapting the hospital succour to the growing and altered requirements of the metropolis. At this moment the hospitals at the West-end are so packed together that empty beds afford a plea for appeals to public charity to maintain them, whilst it may fairly be doubted whether these beds are not empty simply because they are in excess of the wants of the surrounding population. In the crowded East there are two large general hospitals that barely keep pace with the growth of the population. In the South, Guy's and St. Thomas's Hospitals, at present close together, alone minister to the pressing wants of more than 700,000 inhabitants, toiling in the midst of factories, potteries, breweries, and all manner of occupations hazardous to life and limb. Factories and population are stretching up the right bank of the river further and further away from hospital succour. Poor creatures overtaken by the most frightful accidents or the most severe disease, must be carried for miles to some hospital that perhaps cannot admit them. And there are those who think it humane and sensible to rebuild St. Thomas's far away in the fields! We trust, in the interest of humanity, and in reverence to the noble-hearted founders of this great METROPOLITAN INSTITUTION, that better counsels will prevail, and that a new hospital will arise in Walworth or near Vauxhall-bridge. It is presumed that ample time will be allowed by the Railway Company for the construction of the new hospital before the existing buildings are demolished.

Medical Annotations.

"Ne quid nimis."

SCANDAL.

A GOOD name, untainted by the foul breath of calumny, and unsullied by even the suspicion of wrong, is a fair heritage to leave at death, and a rich possession no one would willingly lose during life. To some men, indeed, it is almost equally important with their lives. For

"You do take away their life
When you do take the means whereby they live."

And to professional men especially a spotless social reputation is "the prop that doth sustain the house." The cases are, happily, not numerous, but such have occurred, where exposure of some uncleanness of life has befallen a medical man, and been followed by inevitable ruin, or by years of hard up-hill struggling to regain the lost position. It follows, therefore, that reputations on which so much depends need to be carefully guarded, and unjust aspersions at once indignantly refuted. Hence there has grown up a popular belief, that medical men are a thin-skinned class, ready to take offence, eager to appeal to litigation, and to demand explanation for lightly-spoken words which others might allow to pass unnoticed. When cases of this kind come to public trial, we rarely comment on them, since it might be alleged that our opinions would not be free from prejudice. But there was tried last week an important action for libel, which, although no medical man's repute was in question, deserves the attention of the profession, and might afford a significant hint to be employed for their benefit.

The story of the case, as set forth in the evidence, and confirmed by the verdict, was simply as follows:—A lady of the name of Bramwell "maliciously slandered and libeled" a gentleman holding certain very responsible offices. The libels were of a very grave kind, imputing the most gross personal depravity. The trusts reposed in him were of a nature which required that his character should, like that of Cæsar's wife, be above even suspicion. His employers were informed of the utterance of these slanders, and withheld their judgment until he proved their falsity. He offered evidence of their untruth to his accuser; yet she refused to withdraw the written slanderous words. He entered an action for libel against her as his last resource, and until the very latest moment gave her the opportunity of retraction. But she only accepted

this so far as to withdraw the plea of justification—actually allowing the action to be defended merely on some legal technicality as to publication of the libel. So the case came to trial. Every winding of the law was taken advantage of for the defence with great subtlety and skill. But the jury justly and honestly gave the verdict asked. They found for the plaintiff, with damages sufficient to carry costs. For even to the last he sought only to vindicate his character, and would ask for no larger sum, having no vindictive feeling to gratify. *Mutatis mutandis.* The position of the plaintiff in this action, with his character and reputation at stake through the obstinate persistence of the defendant in asserting what was untrue, leads us to the point in reference to the profession on which this trial bears. For there is not one of its members who may not be ruinously calumniated—nay more, we venture to say that very many have been so unjustly accused and vilified—by persons almost unknown to them, who shield wicked and malicious scandals under the plea of sense of duty, or who,

> "Willing to wound, and yet afraid to strike,
> Just hint a fault, and hesitate dislike."

Although the plaintiff in the above case may fairly represent a medical man so annoyed, we in no way mean to imply or suggest that the defendant in this action at all resembles the prying, gossiping persons so especially obnoxious to all who, like medical men, are called by their duties to do secretly many charitable deeds capable of misconstruction, and to keep concealed confidences reposed in them, even to their own detriment. For there is scarcely a town or village where these do not exist. They are usually women of a certain age, of reasonably good education, but with strong prejudices and weak judgments, and a great determination of words to the mouth, who, whilst labouring under a thorough conviction of their own goodness, do not hesitate to spread slanders about their neighbours without taking the trouble previously to examine into their truth. Be it understood that we reverence all earnest women whose religion is a religion of love and charity to all, and who endeavour to think no ill; and as Miss Bramwell was one of the lady-superintendents in the Crimea, it is reasonable to suppose that she ought to be included under this latter class. But we strongly contemn those women to whom we mean especially to allude, who are very locusts in their predatory excursions on character; to whom religion is as a cloak and honesty as an undergarment, often employed to conceal very dirty actions; and who, like the praying Mantis, throw up their paws to heaven when detected—declaring they thought it a sacred duty to speak.

Reverting to the evidence in the case of Maitland *v.* Bramwell above referred to, we find that the plaintiff was a person of irreproachable previous character, having a wife and five children dependent on the income he received as secretary to the Sea-side Convalescent Hospital and to the Society for the Protection of Women. The lady (herself of perfectly blameless life) brought against him accusations which, if proved, must have insured his immediate dismissal. She was superintendent of a home for respectable shop-girls. Amongst these, by some oversight, two women of such bad character that the most superficial inquiry would have detected their evil repute, were admitted. They chose, from motives of revenge, to bring lying and infamous accusations against a man of established repute, and the lady superintendent of the home not only embodied these in writing, but apparently so relied on their assertions that (as stated in evidence) she said she would continue to believe him guilty even if a jury gave a verdict in his favour.

We particularly recommend the evidence and verdict in this trial to the attention of every old maid in every town in this country. For if a jury would, in this case, give the plaintiff that verdict for which he asked, in order that his character might be cleared from the unfounded imputation cast upon it, how much more surely would they condemn the utterers of motiveless slanders, heedlessly and foolishly spoken against the fair fame and reputation of professional men.

FATTY DISEASE AMONGST CHRISTMAS CATTLE

DR. JOHNSON'S well-known parody of an axiom, that fat oxen should by fat rulers be directed, has a very characteristic illustration at the show of Christmas cattle at the Baker-street Bazaar. The burly forms of the honest graziers who thrust their thumbs, with cruel admiration, inches deep into the surface of the adipose monstrosities which are honoured with the prizes, have probably something almost amounting to personal sympathy with this surprising development of tissue. This admiration, however, is a mere blind Fetishism. It has been very clearly demonstrated by researches with which the name of Mr. Gant is particularly associated, that these creatures are highly diseased, and that the inevitable result of the cramming processes to which they are submitted, is to produce degeneration of the muscles, weakness of the heart, and disease of all the internal organs of the animals exhibited. The fat is not only deposited in absurd and cumbrous masses around all the tendinous parts, beneath the skin and around the viscera, but it usurps the place of their healthy tissue. Most of these weak, staggering, inert, panting creatures, are monuments of artificially-produced disease, and if they did not soon fall victims to the butcher's knife, would drop off naturally. Their muscles are degenerate, their hearts beat flabbily and feebly, and their secreting glands barely retain enough of healthy tissue to work. In the fasciculi of the muscular tissue we find the fleshy cells gone, and in their place—oil; in the liver the hepatic cells gone, and in their place—oil. This blind production of fatty disease is a grievous folly, to the extent of which the breeders are not yet fully alive.

HEALTH OF ROYALTY.

THE royal families of Europe are again feeling severely the stroke of that impartial arbiter of life who beats with equal foot at the door of palace and cottage. The deaths of the sovereign personages recently lost to the courts of Spain and Portugal have been instances of the inability of medical art to combat the violent attacks of fatal disease on young and promising lives. Elsewhere the event has been more propitious. The judicious removal of the young Empress of Austria to a warmer climate has induced a happy solution of the menacing symptoms with which she was affected; there has been no recurrence of the hæmoptysis, and the doubtful indications of the most fatal of all affections of the lungs have gradually faded, so that the physicians of the Empress are now able to report a belief that there is no ground for fear of tubercular degeneration, and no proof of the existence of tubercular deposit, but that there remain only vestiges of a disturbance of the vascular system of the lungs, which may be overcome by due precautions. The reports that have arisen as to the serious lung affection which was thought to have rendered necessary the sojourn of our Prince Leopold in the climate of the south of France are also, we learn, unfounded. The advancing phthisical affection confidently inflicted on the young prince by public report has, happily, no existence; his convalescence from a severe attack of measles was, however, unusually slow, and left him in a state sufficiently delicate to indicate the propriety of his removal during the winter season to a climate which permits of more free and regular exercise in the open air than ours of England does with advantage. These considerations have prevailed in selecting the present resort of the young prince.

A NOTICE TO HOSPITAL SURGEONS.

IT is somewhere stated, that a certain Dr. Moreton advanced an opinion, in a treatise "On the Human Leg," that he could suggest a valuable improvement which should have been made in its form, for that had the calf been providentially set in front instead of being preposterously placed behind, it would have had the obvious advantage that the shin-bone then could not have

been so easily broken. Without pretending to balance the merits of this pleasant proposition, we may conclude that it would have been highly agreeable to the surgeons who have had to defend several recent actions for alleged clumsiness in setting fractured bones of the leg, if means had been taken to prevent the so frequent occurrence of this peculiarly unpleasant accident. Amongst these we may probably mention Dr. O'Reilly, of Bishop-Stortford, as to whom we read the following in a report of the proceedings of the Bishop-Stortford County Court. It is peculiarly deserving the attention of the particular hospital surgeon, whoever he may be, to whom the case will be referred, as it may serve to put him on his guard, and to inspire special caution in forming an opinion on which will depend much of the reputation and fortune of a professional brother:—

"M. O'REILLY, M.D., v. CARTER.—An action heard at the last Court, brought by the plaintiff, a surgeon of Bishop-Stortford, against the defendant, and who keeps the Green Man public-house at Thorley, to recover £9 for surgical attendance and medicine supplied. A verdict was then passed for the defendant. This the plaintiff deemed, in consequence of the medical testimony, somewhat damaging to his professional reputation, upon which at this sitting Mr. J. B. Bowker, his solicitor, moved the Court for a new trial, on the ground that the evidence of the medical gentlemen, on the part of the defendant, took him by surprise; and also on the further grounds that the verdict of the learned Judge was against the evidence adduced by the plaintiff.

"Mr. Bowker at some length combated the various opinions expressed by the Court, and said, in justice to his client, he was entitled to a new trial.

"The Judge ultimately consented to grant the application upon terms. The defendant (Carter), in company with his solicitor (Mr. Armstrong), was to proceed to London and submit to an examination of his leg by an eminent surgeon, who would be called upon to answer two questions he (the Judge) would require: whether the bone overlapped; and also, if that was occasioned by either a want of skill or from want of due care on the part of the plaintiff. The certificate in reply to these questions would then be received by the Court in evidence on the new trial being heard, and which method, he thought, would be a great saving of expense to both parties."

A PLEA FOR FREE HOSPITALS.

THE records of mortality for the week in the Metropolis include the following very noteworthy paragraph:—

"Scarlatina has been very prevalent in the sub-district of St. George, Bloomsbury; and out of a total number of 124 deaths registered since the beginning of July, 28 were from that disease. Mr. Yardley, the registrar, reports the death of a child of five years, the son of a cabman, in Coram-place, who died without medical attendance, in consequence, as is supposed, of an attack of scarlatina. On the day previous to the death the child's mother got a pennyworth of rhubarb for what she believed to be 'only a little derangement of the bowels,' but on the next day found it so ill that she carried it out with the intention of going to the dispensary, and when crossing Russell square she discovered that it had died in her arms. The registrar conceives that additional facility in obtaining advice might be extended to the poor by dispensaries. Applicants lose so much time in procuring subscribers' letters that in many cases application is not made till the time when effectual aid might be obtained has passed."

This is a plea in favour of free hospitals which brings with it the weight due to an impartial conclusion forced upon the mind of a known logical thinker, well experienced in the discussion of social problems. The opinion of Dr. William Farr in this matter, concurring with that of the registrar who suggests the case upon which it is founded, is borne out by the experience of all who are conversant with hospital management. Free hospitals are the crowning point of our national benevolence. The system of admission by letters is essentially vicious. It introduces the spirit of bargaining into a work of pure charity: it professes to give to the subscriber a corresponding value for his money subscriptions. This is a false principle. If all hospitals were free, everyone would be alike able to obtain their benefits for himself or his *protégé*; and we do not doubt that if letters were no longer needed, the stream of charity would flow as broad and as swift as now. The donors would not indeed be tempted to purchase charitable powers, but they would yield to that same feeling which prompts the purchase of a right of recommendation, by aiding the institutions which bestow indiscriminately relief to the suffering. The present system is, however, deeply founded in the roots of many of our great hospitals, and could not very easily be abolished. We recommend, therefore, to their notice a regulation such as that in force at the West of London Hospital, Hammersmith, and probably at other institutions; which provides that patients shall always be seen on their first application without letter, and, if necessary, supply themselves subsequently with a recommendation. Thus the early aid so often essential is never denied, and the supposed advantages of the system of admission by subscribers' letters are retained in favour of the financial prejudices of the governors of hospitals.

A JOKE IN A RUSSIAN HOSPITAL.

A SINGULAR development of Russian discipline is stated by a recent writer as having been witnessed by him during a visit to the military hospital at Riga. The head physician, a German practitioner, described the difficulty which he found in eliciting from the men the real seat of their complaints, as every ailment in the upper part of the body, whether in the head, back, or stomach, they call pain in the heart, and those in the lower parts of the body pain in the leg. Having arrived at the hospital, all the patients that were able to do so arranged themselves in a row, dumb and stiff as if on military parade. "How do you do to-day, old man?" asked the doctor of the first. "My heart pains," was the expected timid reply. "Tongue out," said the doctor, and out it was. Turning to the next, the same question, same reply, and same tongue operation. More than thirty in the row underwent the same medical inquiries and process. When about leaving, the head physician desired his visitor to look round. There stood the whole file in military attitude, with their tongues out. "We looked on for a while," continues the writer, "when the doctor loudly gave the word, 'Tongues in,' and all the articulating organs vanished in an instant. My risible faculties were so excited by the ludicrous scene, that it was some moments after we were in the open street ere I could, rather reproachfully, ask my friend how he could play such a trick on the poor fellows. 'You must not judge,' said he, 'by exceptions. I merely wanted to show you to what extent the blind spirit of discipline prevails among the Russian troops. Nor are the fellows,' added he, 'the worse for the joke; on the contrary, they believe that the cure is greatly promoted by keeping the tongue out in the presence of the doctor—the longer the better."

This may be a very good joke, but it is a very bad practice. If it is thus that the head physician understands his duties, it were desirable that a gentle corrective should be applied. The general uniformity and obscurity of description of the ailment by the patient is precisely the obstacle which every hospital physician encounters in the out-patient room or the wards of the hospitals here; it is the characteristic of the poor and unlettered class. It is easily overcome by a very few well-directed and judicious queries. Anything like the course here described to have been pursued by the German physician in the tale of his friend and visitor is an outrage on humanity and an abandonment of duty which deserves serious reprobation. A file of hospital patients are far from being fit subjects for a practical joke by their physician.

SANITARIUM AT VICTORIA.

THE greater portion of a sanitarium for soldiers is announced to have arrived at Victoria from the Cape of Good Hope. It is stated that the materials are being stored there,

but it is not intended to erect the building at present. If the intention of the Home Government be to establish a sanitarium in Vancouver's Island for soldiers invalided in China or India, their choice of a station is applauded there. The climate is described as being one of the healthiest in the world: warm in summer without being oppressive, and bracing in winter without any severity of cold, it is said to be preferred by the experienced to nearly all others, and to be the perfection of a temperate climate, with the superadded advantages of natural scenery of the most varied and attractive character. Moreover, it is observed that this island is one of the most accessible places in our dominions to India and China. The passage from Hong-Kong to Victoria is, on the average, only forty days; from Bombay it is more—say sixty days; and from Calcutta about eighty days by sailing vessels. This is the favourable opinion of those resident in the island after having travelled through most parts of the world, and wholly independent of official influence. It remains to be seen what the grumblers have to say—always an important class, and worthy of an audience.

THE HEALTH OF THE POSTMEN.

THE highest praise is due to the medical officers of most of the civil departments of the Government seated in London, for the excellent supervision which they maintain over the health of the officials entrusted to their care, and the valuable reports which they annually make on this subject. Dr. Waller Lewis at the Post-office, and Dr. M'William of the Customs Department, are conspicuous for the excellent results of their labours and for the value of their reports. Dr. Waller Lewis has recently presented an annual report, from which the following interesting abstract is made:—

"The staff of officers by whom the postal arrangements were carried out in the British Isles numbered 25,282 men, of whom 11,428 were postmasters, 11,889 letter-carriers and messengers, and 1634 clerks. Of the above number, 3650 were employed in the London district alone, and every attention was paid to their comfort and health. The health, or, in the words of the medical officer's report, 'the hygienic condition,' of the establishment was never so good as in 1860. Whether this result was due to the mild summer of 1860, or to the employment of picked men as letter-carriers, we cannot decide. It will be gratifying to the advocates of the competitive system to learn that every candidate for a postman's place had his muscular power tested by the dynamometer, and that out of 568 candidates only 76 were rejected. If we may judge from the diversity of occupations of the applicants, the service of the minor officials, to whom so much is entrusted, seems to be a 'refuge for the destitute;' for in a list of 357 candidates there is scarcely a trade unrepresented. Out of that number, only 10 had no previous occupation; but the remainder included 4 tailors, 3 pianoforte-makers, and even three schoolmasters. Much of the improved hygienic condition of the superior officials is attributed to improved ventilation and more commodious offices, while so simple an expedient as the substitution of Inverness capes for the old Mackintosh amongst the minor officials has done very much to decrease the 'postman's disease,' as it is called—the rheumatism. The total mortality amongst the effective and pensioned officers of the department was 42, out of a total of 2826, or at the rate of 14·8 per 1000. The most common diseases after rheumatism were those of the lungs, and of the brain and nervous system. Not only, however, was the health of the men cared for, but the complaints made by the minor officials of underpay and overwork at the beginning of last year were investigated by a committee of six gentlemen appointed for the purpose. The results of their labours was a report, in which the committee recommended a considerable increase of force and an increase of the existing scale of wages, together with an alteration in the classification of the establishment. To some extent these recommendations were carried out."

MONUMENT TO SIR HUMPHRY DAVY.—A monument is about to be erected to the memory of Sir Humphry Davy at Penzance. It will consist of a granite column and base, surmounted with a statue of the great chemist, holding a safety lamp in his hand.

Correspondence.

"Audi alteram partem."

ON CERTAIN GRAVE EVILS RESULTING FROM TENOTOMY.

To the Editor of THE LANCET.

SIR,—From the report, in your journal of last week, of the meeting of the Medical and Chirurgical Society held on the 26th November, it would appear as though Mr. Adams had said that "all the facts in Mr. Barwell's paper had been taken from his (Mr. Adams's) book, in which one instance of the non-union of the posterior tibial tendon had been recorded, and another in which non-union appeared probable but not certain;" in reality, however, Mr. Adams remarked that his memory did not at the moment serve him in the matter. In my paper I had affirmed that in no one instance had the posterior tibial tendon, and in but one case had the long flexor of the toes, united so as to be of any use thereafter; and since the sentence as above quoted from THE LANCET involves by implication that I had asserted an untruth, I must claim some space to put the facts fairly before your readers.

The following is a list of the six cases in which the tendons in question were divided: to each is appended the number of days between the operation and the patient's death. The cases are numbered according to their order in the "Reparative Process in Human Tendons":—

CASE 2 (eleven days).—*Tibialis posticus.*—"The pointed termination of the new tissue corresponds with the same parts in Mr. Erichsen's case of complete non-union after two years."

CASE 3 (twenty-three days).—LEFT FOOT. *Tibialis posticus.*—"The new tissue was also pretty firmly adherent to the bone throughout the greater part of its length."

RIGHT FOOT. *Tibialis posticus.*—An attempt to divide this tendon had failed.

CASE 4 (eighteen days).—*Tibialis posticus.*—Between the two ends "was a firm, tough, elastic greyish substance," which was "united to the adjacent tissues, yet could be dissected from them."

Flexor longus digitorum.—The ends "were held together by white tissue, apparently the fibro-cellular (sheath?), which had invested the tendon, and to which the portion of the tibialis posticus and their uniting medium were also adherent.

CASE 5 (fifteen days).—*Tibialis posticus*, and *Flexor longus digitorum.*—"Both these tendons were adherent to each other and also to the adjacent bone-surface, but these adhesions were not strong."

CASE 6 (six weeks).—*Tibialis posticus*, and *Flexor longus digitorum*, "were connected by a tough band of new material. In this mass of new material both tendons were inseparably fused; and as the new material was also closely and firmly adherent to the surface of the bone, a general adhesion of all the parts at the seat of operation may be said to have existed."

CASE 12 (two years).—*Tibialis posticus* cut twice: once partially, once quite through: in the former place the tendon adhered firmly to the bone; in the latter, the ends were not reunited.

Flexor longus digitorum divided twice, and seems to have fairly united.

Now these are the six cases recorded in the book above-mentioned, and I maintain that they bear out my statement entirely. Even in Case 5, in which the adhesions are spoken of as not being strong, there is no possible reason to imagine that they will not, like all fibrous adhesions, get stronger as they get older, so that in another month the parts would be in a condition exactly like that recorded in the subsequent case (6). I also maintain that these evils resulting from tenotomy are quite sufficiently grave; and that to destroy the action of such important muscles as the posterior tibial and the long flexor of the toes is by no means one of those little matters that can be passed over as a "good surgical compromise;" on the contrary, I hold it to be a grievous error, and the cause of considerable and incurable lameness.

Lastly: it is true that the treatment of pedal deformities by extension is old—even older than tenotomy; also that the use of indiarubber for this purpose is not new; but the force has always been employed in manners which rendered its discontinuance necessary after a very short time, and so as to confine

the patient. My plan is new, inasmuch as the force is so applied as to be quite bearable for any necessary length of time, and so that the patient may walk about during nearly the whole course of the treatment.

I have the honour to remain, Sir, yours obediently,

Old Burlington-street, Dec. 1861. RD. BARWELL, F.R.C.S.

To the Editor of THE LANCET.

SIR,—My attention having been called to your report of a discussion which followed the reading of Mr. Barwell's paper, "On a New Method of Curing Deformities of the Feet," at the Royal Medical and Chirurgical Society, at their meeting of the 26th ult., in which my name was freely mentioned, I venture to claim space in your valuable journal for some few remarks on the subject in question.

In my humble opinion, Mr. Barwell would have done wisely had he first consulted some experienced mechanician as to the actual novelty of his supposed discovery; for by doing so he would have spared himself that ridicule which must inevitably cling to his communication when it is known that the application of indiarubber cords, in the curative treatment of club-foot, has been extensively adopted for nearly eight years.

The invention of this *new* plan dates from 1854, when, while I was seeking for some means of applying the mechanical power required for the cure of deformities in such a manner as would simulate the force and direction of those muscles which are in an abnormal condition, and at the same time extend their contracted antagonists, I hit upon the idea of using the contractile force of vulcanized indiarubber bands. So well did they fulfil my expectations that, notwithstanding their application in many hundreds of cases, a slough has never arisen during their employment.

In support of my right to priority of invention over Mr. Barwell's foundling, I must, even at the risk of a charge of egotism, quote from my own published works in order that I may prove for how long a time this *new* method has been in use.

At p. 83 of the Appendix to my "Artificial Limbs," 1855, and under the head Varus, is described "an apparatus governed by elastic cords (so placed as to antagonize the contracted tendons), and possessing the advantage of permitting muscular motion whilst the treatment is proceeding."

At page 97 of my "Mechanical Appliances, &c.," 1858, when writing on varus, I state that "I have for a long time past employed indiarubber cords for this purpose, and consider that if they are applied with care their mode of action is far superior to that afforded by any other mechanical agent with which I am acquainted."

Again, at page 173, when describing an appliance for extending the knee, I go on to say, "the constant traction of this elastic substance maintains a never-ceasing extensile force upon the contracted muscles."

And also at page 198, while describing an apparatus for contracted hip-joint, I remark that "a strong vulcanized indiarubber ring is stretched, the retraction of which exerts a constant expansive power on the flexors of the thigh."

In the three latter instances explanatory drawings are appended.

I also exhibited at the University College *conversazione* in 1860 a spinal apparatus, so devised that the actions of the vertebral muscles were represented by vulcanized indiarubber cords.

Thus far I establish the fact that my inventive ideas have been misappropriated by Mr. Barwell, and without acknowledgment.

Unfortunately, however, in the ensuing discussion, Mr. W. Adams having stated that I originally invented Mr. Barwell's "new method," and had shown him a case in St. George's Hospital, Mr. Pollock gave a denial to the latter part of his statement by declaring, with less than the wonted courtesy of gentlemen, that I had never tried any instruments at St. George's Hospital at any time, but was "merely the hospital instrument maker." Every professional man knows that a plan of this kind can never be adopted in a public hospital without the approval and sanction of its medical officers, who are generally only too ready to adopt any really valuable invention; but I must, in self-defence, avow that during the sixteen years in which I have devised mechanical appliances for the patients of this charity I have never received any absolute directions concerning the shape or action of the apparatuses to be adopted, such points being left to my own experience and discretion, subject to subsequent approval on the part of the surgeons when applied.

I find that Mr. Adams erred in stating that I showed *him* a case at St. George's Hospital in which the elastic cords were applied; but, in point of fact, I really had used them there on a child in the Cholmondeley ward (vide Hospital Register, Nov. 4th, 1854).

In conclusion, I take the liberty of informing Mr. Barwell that the value of vulcanized indiarubber cords as a musculo-correlative power in the treatment of deformities can scarcely be overrated.

Should your readers wish to know how far the "new" plan of antagonizing contracted muscles by indiarubber has been successful, I will gladly furnish the necessary information from actual cases.

In answer to Mr. Pollock's kindly imputation, I need merely give a few extracts from my case-book or St. George's Hospital Surgical Register:—

Nov. 4th, 1854.—William Durant, aged five. Cholmondeley ward. Apparatus for varus, with elastic cords. Discharged July 18th, relieved.

Jan. 13th, 1858.—Matthew Moulden; four years. Drummond ward. Varus. Pair of orthopedes. (An experiment, and consequently never charged to the hospital.)

The first case proves my employment of indiarubber cords for club-foot in 1854. The second is the one shown by me to Mr. Adams, when anxious to explain to him a new principle of acting from a single centre, but *not with indiarubber cords.* The cases referred to are of course entered in the Surgical Register of St. George's Hospital, to which I presume Mr. Pollock has access.

I have the honour to be, Sir, your obedient servant,

Leicester-square, Dec. 1861. HENRY HEATHER BIGG.

THE

ALLEGED COMMUNICATION OF SYPHILIS BY VACCINATION.

To the Editor of THE LANCET.

SIR,—It may, perhaps, be judged presumptuous on my part to venture to appeal from an opinion authoritatively pronounced by yourself in your editorial capacity; but, nevertheless, I cannot withhold from pleading on behalf of the integrity of vaccination, which is now afresh impugned and anew charged with deadly crimes of which it has been, on former trials, acquitted.

In your leading article of Nov. 30th, on "Compulsory Vaccination," you say, "We think, however, that there is now sufficient evidence before the public to show that *occasionally* a constitutional virus other than vaccinia is communicated by the operation of vaccination. The instances are quite exceptional, however, and when we reflect upon the vast number who undergo it, they are almost inappreciable in amount." I venture respectfully to ask for the evidence in question. I do not find it in the article referred to. I do not accept as conclusive the Italian narrative upon which you have founded your observations, but in which the committee appointed to investigate the source of the syphilitic disease have not yet come to a conclusion as to the source of the disease, although they have not hesitated rashly to put forth to the world their frightful story. Is such an incomplete account to be held sufficient evidence to counterbalance the immense mass of proofs to the contrary which has accumulated since the introduction of vaccination? Can it hold its ground for one moment against the stubborn facts you have yourself quoted—viz., the absence of transmission of syphilis in 50,000 vaccinations by Mr. Marson; in a still larger number, as you suggest, by Mr. Lees; in 6000 vaccinations spread over the fifty years' experience of Messrs. Marshall, and against the negative conclusions of MM. Guersant, Blache, and Taupin? To these must be added the returns already quoted in my previous letter. Mr. Simon's report embraces, it should be stated, the *impressions* of eight medical men who express a suspicion, or belief, of such occurrences, but who have not been able to relate facts in support of these impressions. Three gentlemen reported their knowledge of instances of syphilitic contamination, but they offer no proof of inquiries or examination in these cases such as can satisfy anyone that the allegation may not have arisen out of a desire to cover quite another source of infection. Such is the character of the three out of thirty supposed cases given by Dr. Hamernik of Prague; of the single case by Mr. Mordey, and of the "many" cases by Mr. Startin. Without more exact information one cannot attach any weight to the latter statements.

It is doubtless in the last degree desirable that lymph should

in all cases be taken from a healthy child, as it is in the last degree important to be confident that we have lymph upon which we can rely as certain to run its course, pure and simple, producing a definite effect upon the constitution. The affiliation of skin diseases &c. occurring after vaccination upon that operation, affords abundant examples of the *post ergo propter* line of argument, and, *toto cœlo*, differs from the proofs of constitutional contamination by syphilis, scrofula, &c.

Until the source of syphilitic inoculation in the case of the child Chiabrera has been determined by the committee, it is, perhaps, idle to speculate, or to attempt to found a practical rule, upon the hypothesis that has been offered with regard to the non-transmission of syphilis by lymph, and its transmission by the "peri-vaccinal" blood. As it stands, it is simply an assumption that the blood globules only can be the medium of contagion. Professor Hebra's experiments contradict it,* and the ordinary mode of infection by sexual intercourse is opposed to the view; so also is the practice of vaccination itself, in which a disease is conveyed into the system by vaccine lymph alone, although that lymph is frequently and unavoidably mixed with a few blood-globules; notwithstanding which, past experience is, as I have endeavoured to show, against syphilitic contamination thereby, which could not have been the case had blood been the special medium of contamination. This theory, if admitted, would open the door to still greater carelessness in vaccination than we have already too much occasion to lament. It would come to be believed that lymph might be taken indiscriminately from any child, totally regardless of its health or constitution, provided only blood-globules were not taken with the lymph. Every experienced vaccinator well knows that many vaccine vesicles are so flat as to make it almost impossible, even in the most careful hands, to avoid the intermixture of blood. For reasons above given, irrespective of all questions about syphilization, it is important to use only good, healthy, reliable lymph.

The unspeakable importance of the topic under discussion will, I trust, be sufficient excuse for my obtruding again upon your space while asking for evidence to support the conclusion you have laid down. Your words will travel beyond the limits of the profession, and will, I much fear, be used by the opponents of vaccination to strengthen prejudices already existing, and to aid the efforts now being made to obtain a retrograde legislation upon vaccination.

I remain, Sir, your obedient servant,

Upper Holloway, Dec. 2nd, 1861. W. B. KESTEVEN, F.R.C.S.

*** We would suggest to our correspondent an unprejudiced consideration of the evidence brought forward in the recent treatise of M. Rollet.—ED. L.

* Professor Hebra inoculated four persons with the blood of patients suffering secondary syphilis, and after fifty-two days found no result.—Simon's Report, p. 133.

ON THE EARLY TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—You are aware that in 1853 and 1854, assisted by the valuable information afforded by the Registrar-General, I was enabled to point out to the medical profession and to the public that cholera is not a disease *sui generis*, independent of, and a superfœtation on, diarrhœa, but that in every case the attack of spasms, vomiting, purging, &c. (the attack of cholera) is preceded by a diarrhœa for a few hours, or for a few days, or for a few weeks; and that if the disease is scientifically attended to in this diarrhœal stage, this diarrhœa can easily be cured, the developed stage of the disease thereby prevented, and life thereby will not be endangered. And I also pointed out that it is impossible that an individual in perfect health can be at once struck down by spasms, vomiting, &c.—by cholera, without his labouring under a diarrhœa, and that the reports published of persons being suddenly struck down by cholera, while a moment before they were in good health, arose from the fact, that the public and the medical profession were not aware till it was pointed out to them in 1853 and 1854, that almost the whole serum of the blood may be drained away by a painless diarrhœa; that the heart may have ceased to beat, and the blood may have ceased to circulate; the individual may be past all human aid, yet he is walking about for business or for pleasure, unaware that he has anything serious the matter with him, and all this before he is attacked with spasms, vomiting, &c.—before he is attacked with cholera.

From these facts you will see at once how important, how essential it is to attend, when cholera is about, to the slightest deviation from the normal action of the bowels.

There was another important pathological fact derived from the above inquiry—that when cholera is about to break out in a locality, and when it has already broken out, half, one-third, or one fourth of the usual dose of purgative medicine too often will bring on diarrhœa, followed by cholera and death. Therefore, from these facts these important deductions may be drawn: That it is impossible to attend too early to the diarrhœal stage in cholera, and that purgatives are contra-indicated in any dose, and in any stage of this disease.

As you have seen by the public papers, cholera is making sad ravages in India, and the army has particularly suffered. As the etiology and the pathology of the disease have never been scientifically studied in India; as they still continue to believe that it is a disease *sui generis*, independent of, and a superfœtation on, diarrhœa; as, consequently, the medical treatment of the disease is still empirical; and as I have seen by the papers that the Indian Government had appointed a Commission of five members to inquire into the rise and progress of this outbreak; in the interest of the public I took the liberty to point out to the Minister of State for India, and to the Minister for War here, the importance of having the etiology and the pathology of the disease scientifically studied in India. At the same time I also pointed out to them that the present Commission appointed by the Indian Government—where three of the gentlemen out of the five composing the Commission were completely unacquainted with medical science, who could not form and who could not give an opinion on a question so strictly medical—would be an injury, not a benefit, to the public. To these representations I have received answers from both Ministers; but I am led to believe, from these answers, that the opportunity will be allowed to pass away, that the disease will not be scientifically studied in India, and that the next outbreak will find the public as little prepared to meet this scourge as they were in 1817. In the army there we shall have a repetition of the horrors of the Crimea, and those under which the army is now suffering, repeated.

Therefore, Sir, in the interest of humanity, let me solicit a place for this letter in THE LANCET, in the hope that the medical profession, to whom the public look in the hour of sickness and in the hour of danger, may join their efforts, and point out to those administering the public weal, that it is their duty to protect the public from pestilence.

I have served, and I have seen the disease, in an army in the field before the enemy, and I have seen the disease in an army in quarters. I am aware how difficult it is to deal with the disease in an army, in the field, and before an enemy; but I am also aware how easy it is to deal with the disease in an army in quarters, and I have no hesitation in saying, that if the etiology and the pathology of the disease had been understood in India, and if the military and the medical officers had known and had done their duty, the country would not have had to deplore the loss of so many valuable lives.

I remain, Sir, your obedient servant,

D. MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

Bruton-street, Nov. 1861.

"SORE HEELS."

To the Editor of THE LANCET.

SIR,—In a recent number of your journal, I see some remarks made by Mr. Skey on treatment of fractures of the tibia and fibula, singly or both together, by suspension, after the plan advocated by Mr. Luke, and variously modified by Dr. Bell Salter and others. Mr. Skey states that it is apt to produce troublesome sores on the heel, for which reason he does not recommend it.

Knowing the great weight attached to all that Mr. Skey writes, from his personal repute and his position at St. Bartholomew's, I deem it necessary to trouble you with these remarks, because the question involves a matter of fact, and such a statement, if uncontradicted, is likely to bring an excellent method of practice into disrepute.

Mr. Luke's very simple and ingenious plan has been in use at the London Hospital for upwards of twenty years. I find from our published statistics that the fractures of one or both bones of the leg admitted here are considerably over 150 a year (sometimes nearly 200). Almost every case during the period referred to has been "slung;" and I can confidently appeal to every surgeon, dresser, and patient concerned to support me in the assertion that "sore heels" are a rarity at the London Hospital. The cases include simple, comminuted, and compound fractures. The secret (if there be one) of success lies in the placing a pad just *above* the heel, so that that part may

have no direct pressure upon it. I need not say how greatly the patient's comfort is increased by being able easily to shift his position in his bed without disturbing his fracture; nor explain the ease with which dressings or poultices can be changed or applied.

I am, Sir, yours respectfully,

W. BATHURST WOODMAN,
House-Surgeon.

London Hospital, Nov. 1861.

REMOVAL OF NEEDLES FROM THE ABDOMEN.

To the Editor of THE LANCET.

SIR,—The following cases are strikingly illustrative of the interesting case by Dr. G. D. Gibb, of "Removal of a Needle from beneath the Skin of the Abdomen of a Child," which appeared in your journal of the 12th Oct.:—

First, E. G——, a little girl, eighteen months old, was observed by her mother to have an oblong swelling a little below the left costal cartilage, and she applied, stating that she feared her child had one of her ribs broken and displaced. The swelling certainly felt like a costal cartilage which had become separated and depressed, and was quite movable under the integument. On cutting down upon the body, a very rusty needle was found imbedded in the centre of the thickened integument.

The second case, E. B——, was that of an imbecile boy, ten years old, who had an elongated swelling, similar to the above-mentioned one, under the skin in front of the abdomen. This had existed for a considerable period before the parents applied for advice. A needle surrounded by a thickening of integument was suspected, and removed at once.

In the third case, that of a child two years old, the mother stated that the lump had existed about nine months to her own knowledge, and that she applied to two or three medical men, who told her it was a bone. In this case it was in the labium pudendi, from which a very rusty needle was extracted.

In another case, that of a boy twelve years old, great pain was complained of in a small projecting swelling near the anus whenever the bowels acted. The swelling was caused by a hard and pointed body, pushing before it the integuments, upon the division of which a needle appeared.

In none of these cases could any account be given as to the manner in which the needles got into such unusual situations, or as to their length of time in them. The carelessness in allowing children access to needles, pins, &c., not only gives rise to such accidents as these, but no doubt deaths occur from inflammation of the bowels, lungs, and other internal viscera, caused by such bodies, when they shape their course inwardly, instead of lodging in the integuments and other non-vital parts.

I remain, Sir, yours, &c.,

J. J. CREGEEN, M.D.

Plough-road, Rotherhithe, Nov. 1861.

A CASE OF DOUBTFUL PREGNANCY.

To the Editor of THE LANCET.

SIR,—The following case may prove interesting to your readers:—

M. T——, aged twenty-one, a well-nourished woman of sanguine temperament, has been married four years. She has had no children; has always menstruated regularly and enjoyed good health until January last. At this time her husband enlisted, and left her. About the same time she began to suffer from a dull, continuous pain in the lower part of her back and the left side of her abdomen, accompanied by leucorrhœa. She became an out-patient of the Birmingham General Hospital, and had some medicine given to her which appeared to somewhat relieve the pain. From that time, however, she has been gradually increasing in size, the breasts have enlarged, and she suffered from nausea and capricious appetite; in fact, the only reason which led her to doubt her pregnancy was that she continued to menstruate with regularity as to time, and at some periods rather profusely. In the early part of May last she fainted, and some "sage femme" telling her that she had quickened, she thenceforward considered herself pregnant, and soon afterwards applied at this institution for a ticket entitling her to attendance during labour. About the commencement of May last she began to experience a difficulty in stooping or assuming a bent position. This was especially noticeable when getting into bed. She also became unable to micturate in the usual position, and was obliged to place the chamber vessel on a chair and to straddle across it, at the same time leaning over the back of the chair. On Sept. 20th menstruation came on rather profusely, with the premonitory symptoms, especially the pain, very severe; in fact, she supposed that labour was setting in. On the 21st she says that she voided a large quantity (four chamber vesselsful) of urine; on the 22nd a rather less quantity, and still less on the 23rd; on the 24th it resumed its natural quantity.

On this latter day she sent for me. On inquiry, I found that she had entirely recovered her natural size (before, she was as big as if seven or eight months gone with child). I also discovered by strict examination that the fluid which she had passed (unfortunately it was thrown away) was of a greenish colour, and was certainly unlike her usual urine; and that she had passed it involuntarily. She had also fully recovered the power of stooping, and of passing her urine in the usual position. The breasts were large and soft; the areolæ and follicles but slightly developed for a woman of her complexion. No swelling nor fluctuation could be discovered in the uterine region, but pressure over it caused slight pain. There was also tenderness in the region of the left ovary, which extended in a slighter degree over the whole of the left side of the abdomen.

I recommended her to become an in-patient of the hospital, but she declined doing so, and I regret that circumstances have prevented me from watching the case. However, I doubt not that I shall again see her, and I shall then endeavour to keep her under my observation.

I am, Sir, yours obediently,

WM. DATE, M.R.C.S. & L.S.A.,
House-Surg. Birming. and Mid. Counties Lying-in Hosp. and Disp. for Diseases of Women and Children.

Dec. 1861.

DISEASE OF THE CEREBELLUM OR CRURA CEREBELLI.

To the Editor of THE LANCET.

SIR,—Will you allow me to say, through the medium of your columns, that I shall be much obliged to those of your readers who would have the kindness to send me any unpublished case of disease of the cerebellum or of the crura cerebelli.

Believe me, Sir, yours faithfully,

C. E. BROWN-SÉQUARD, M.D.

25, Cavendish-square, Dec. 1861.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. VELPEAU has taken up the cudgels on behalf of French surgery, and on Tuesday last at the Academy of Medicine undertook to exculpate the Parisian school from the charge of having either ignored or neglected the operation of hip-joint resection. So far, indeed, was the speaker carried by his patriotic zeal, that he actually made out a case of priority in favour of France, and asserted that many years ago the subject was discussed in this country, and *that* before it had been even thought of elsewhere. "If," added M. Velpeau, "we do not often resort to this surgical expedient, the reason most probably is, that we cure more of those affections to which it is applicable than our foreign brethren. One undeniable fact is, that internal measures and medical treatment with us form a prominent part of the curative system; and to a neglect of these points by the surgeons of other countries may be attributed the greater necessity for this operation. The English surgeons for the most part have no medical degree, and, being less of physicians than we are, are consequently more disposed to adopt exclusively surgical measures. ..... In dealing with the question of risk to the patient in the performance of this resection, I must remark that on such occasions justice is very rarely rendered to the surgeon, the dangers of the operation being so invariably confounded with those of the malady. Considered by itself, this operation is neither dangerous nor very difficult; and if we perform it less than our neighbours, the fact has been attributable to our having had less occasion for it." M. Velpeau terminated by hinting that there might also exist some difference between the English and French constitution, and stated it as his decided opinion that there were some operations which succeed better in one country than in another. His conclusion was as follows: "I should not think of resorting to disarticulation until the life of my patient was menaced by the progress of suppuration, and until I felt satisfied of the existence of extensive

necrosis; and before commencing the operation I should require the assurance of a physician that no internal complications existed to counterindicate its performance or compromise its result: with these reserves, I admit the propriety of the operation."

M. Gosselin, in answering M. Velpeau, touched upon the question of hospital insalubrity, and paid a very flattering compliment to the sanitary arrangements of the London charitable institutions (founded, I suspect, more upon hearsay than on personal inspection); the superior ventilation, absence of curtains, washing of the floors, and cleanliness of the beds, especially claiming his admiration.

M. Nélaton, of whose journey to London ten days ago I informed you, has returned, very much pleased with all that he witnessed; and the facts detailed in his subsequent clinical lecture were, as remarked by M. Boinet at the Society of Surgery, "very important, and of a nature to encourage the adoption of an operation hitherto considered hazardous and unjustifiable." M. Nélaton's trip to London, his presence during Mr. Baker Brown's operations, and, more than all, his returning laden with the *opima spolia* in the shape of two sets of multilocular cysts, and the reassuring intimation that their former possessors were still in the land of the living, have taken the surgical world here by surprise, and justified M. Velpeau's observation that "there are some operations which succeed better in one country than in another." To judge, however, by the tone of the discussion at the Society of Surgery, ovariotomy is not likely to become popular in France; MM. Chassaignac, Boinet, Verneuil, Giraldès, and Blot, who were the principal speakers, talked despondingly of their own experience, and seemed to lack any very sanguine hopes as regarded the future.

The number of new students entered at the first registration of the Faculty of Medicine this year is 369, a number which attains, but does not exceed, the average of former years.

The new hospital at Lyons, the Red Cross (Croix Rousse), was to be opened with great ceremony on Saturday last, and the wards were expected very shortly to be ready for the reception of patients.

M. Tardieu has been named to the vacant chair of Medical Jurisprudence in the Faculty of Medicine, and, by universal acknowledgment, a better selection could not have been made.

M. Schmidt, of Dorpat, has communicated to the Academy of Sciences a series of investigations upon the coagulation of serum and chyle, which present considerable interest. The following are a few of them:—Chyle and lymph coagulate immediately on the addition of a little fresh defibrinized blood. On adding defibrinized blood to the albuminous liquids of the body,—that of the pericardium, for example, or that obtained from a hydrocele,—coagulation is produced. Artificial coagulation is hastened by heat, and retarded by cold; is retarded by carbonic acid, and unaffected by oxygen. Chyle, lymph, and pus deprived of fibrin, have the same influence upon serum as that of blood, with this difference, that in the former case the action is slower.

Dr. Bonnafont has lately given to the public some details of his method of treating those forms of deafness in which much singing of the ear is present. His plan is to introduce through a Eustachian catheter the combined vapours of certain stimulant and volatilizable fluids by means of a small pump. The agents which he has found most useful have been ether (acetic), ammonia, chloroform, the tinctures of camphor and benzoin, and essence of peppermint. The peculiarity of his apparatus is, that the pump may be charged with the vapours of one or of all the medicinal fluids simultaneously; and it is to the association of certain of these agents that he considers many of his cures to be due. In nervous deafness, for example, he forces into the internal ear a volatilized mixture of ammonia and essence of peppermint—a stimulant, in fact; whereas for the prevention of nervous hyperæsthesia and singing, he finds the best effects to result from the combination of ether, chloroform, and camphor.

M. Scott, a Frenchman with an English name, has been engaged for many years in experiments destined to found an almost new art, termed by himself "Phonautography;" and has succeeded in constructing an instrument for the registration of sounds — a sort of automaton shorthand-writer. The apparatus consists of a close imitation of the human ear, to the drum of which is attached a style or pen working upon a strip of thin paper moving at a uniform rate and covered with a film of lampblack. The instrument bears, consequently, a family likeness to the sphygmograph. The phonographs produced by M. Scott's instrument appear as wavy lines, with curves more or less crowded together and more or less defined, according to the rapidity, tone, and emphasis of the person speaking. By the aid of this apparatus it is found that each voice has its own peculiar signature, and that the same words pronounced by different people produce very different curves. The invention is still in its infancy, and consequently it is difficult to pronounce upon its *avenir*. Meanwhile M. Scott deserves great credit for his perseverance and originality of conception.

It is not known, and the fact may be of use to students in aiding them to copy anatomical diagrams, that a very good substitute for tracing-paper may be manufactured with ordinary paper by the help of a little benzine. A sheet of ordinary Bath post moistened with this oil renders the material perfectly transparent; the tracing may then be effected, and within a short time the volatile fluid has evaporated and left the paper perfectly opaque and clear as before. The drawing sustains no detriment by the operation.

In looking over some of the statistics in connexion with the charitable institutions at Lyons, I find that on the 1st January of the present year there were in the Foundling Hospitals of that town 6176 children aged less than twelve years; and in addition to these, 11,021 were in charge of nurses in the country. Out of 8945 births which took place in that city in 1860, no less, it seems, than 1028 occurred in the Hôpital de la Charité—the local lying-in institution. During the year 1860 it was remarked that whilst children suckled by nurses died in the proportion of 1 in 290, those suckled by their mothers averaged 1 only in 441. In 1855 as many as 98 children were abandoned in the streets, whereas in 1860 the figure was reduced to 21: still, however, 21 too many.

Paris, Dec. 10th, 1861.

LORD ELLENBOROUGH AND THE INDIAN MEDICAL SERVICE.

AFTER due consideration, we have thought it proper to insert, at the request of a correspondent, the following letter, which was lately published in the *Englishman*, a Calcutta newspaper. We could not but feel that such unfounded and unjust misrepresentations as are complained of by "An Old Surgeon" should meet with wide contradiction.

"*To the Editor of the 'Englishman.'*

"SIR,—In the House of Lords, on the 21st of June last, Lord Ellenborough was pleased to make some most libellous and insulting remarks upon the character and qualifications of those European gentlemen who, as medical officers, have so long and so efficiently served their country and maintained the status of their profession in India. Absurd in argument and flippant in tone, his Lordship's remarks would scarcely deserve notice were they not calculated to entirely mislead the English public. His Lordship stated that he had compared the qualifications of the English and native doctors, and that the result was very unfavourable to the former. He had visited the native and European hospitals, and had observed that the first were always well managed and ventilated, while the second were the reverse; *ergo*, native doctors are superior to European medical officers in their treatment and management of the sick. Well might it be so argued were it shown that the said hospitals were respectively presided over by native and European medical officers, but such his Lordship must have known was not the case. Not till years after he left the country was there a native commissioned medical officer in the army; and the hospitals which his Lordship visited, European and native, must have been alike superintended by *European* medical officers. The superior condition of any particular hospital, therefore, could at most only indicate the greater care and attention of a particular *European* surgeon; it could prove nothing in favour of a native medical officer, simply because such a functionary did not *exist*. It is almost idle to notice the statement that natives understand and make allowance for the climate, which Europeans never will. True enough it is, that the thoughtless common soldier, or the young, inexperienced, and careless of any class, may not recognise the importance of considering the influence of a tropical climate, and of conforming their method of life thereto; but it is monstrous that such a charge should be brought against the medical service, a body of men whose lives are spent in fighting against a deadly climate, and many of whom may well stand as the highest authorities on the subject of climate and its effects.

"Lord Ellenborough must certainly have thought that the world in general, and the House of Lords in particular, knew little enough about climate when he enunciated the platitude

that things harmless in a temperate climate were causes of death in the tropics. Taking into consideration the reasoning powers displayed by his lordship on this occasion, it certainly appears wonderful that he has been able to attain to such a truth. 'I never had occasion,' said his Lordship, 'for a doctor in India; and had I been obliged to call in a European one, I should probably not now be addressing your lordships.' Surely a desire to insult could alone have called forth so offensive, though so silly a speech; a speech not only insulting to the entire medical service, but capable of individual application. Lord Ellenborough, when Governor-General, doubtless had a surgeon attached to his staff; who enjoyed the honour I know not, but it must be gratifying to him, if he be now alive, to learn the high appreciation in which his services were held. Fearing death at the hands of his European surgeon, Lord Ellenborough would, in event of illness, have sent for a native doctor who understood the climate. The manner in which Lord Ellenborough uses the title of 'native doctor' must naturally lead persons unacquainted with Indian hospitals to believe that there was, in Lord Ellenborough's time, a body of native medical officers in charge of military hospitals, equal in point of rank and education, but superior in efficiency, to the European medical officers. Who and what is a 'native doctor'? The title, to begin with, is an erroneous one, founded upon the absurd popular idea that 'doctor' is the proper denomination of one who prescribes for the sick, and prepares and administers medicines. The native doctors (so called) employed in Indian hospitals are a very useful and deserving class of men, who have been educated in the Medical College by the very officers whom, according to Lord Ellenborough, they surpass (instruction being conveyed principally in Hindustani), and have attained very generally a highly creditable elementary knowledge of medical practice. Their duty is to attend constantly in hospital, to carry out the orders of the surgeon, and perform the offices which in European hospitals would be managed by nurses and dressers. They would be more correctly entitled 'hospital-attendants;' the term 'doctor' being properly given only to those members of the medical profession who have passed a particular examination, which is supposed to prove their ability to be teachers of the art which they practise. Native doctors are altogether a subordinate class, and to compare them with European medical officers is to match the sergeant with his captain. There is not to my knowledge an instance on record of a native doctor having ever had medical charge of a native cavalry or infantry regiment.

"Meerutt, Aug. 1861." "AN OLD SURGEON.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 5th inst.:—

Catt, Charles Verrall, Brighton.
Dobson, Thomas, Fleetwood, Lancashire.
Griffith, George, Pointy Castle, Pembrokeshire.
Jones, William Owen, Bryntegid, near Bala, North Wales.
Lamb, Joseph, Birkenhead, Cheshire.
Leeds, Thomas, Stretford, near Manchester.
Murray, Henry Ash, Westminster Hospital.
Weld, John E.

The following gentlemen also on the same day passed their first examination:—

Ballard, William W., Tunbridge, Kent.
Carter, Jabez, Bedford.
Rhodes, Charles, St. Mary's Hospital.

As an Assistant:—

Pain, Tertius D'Oyly, New Peckham.

OXFORD UNIVERSITY.—In a congregation held on the 5th inst. the degree of Student of Medicine was conferred upon

Smith, Heywood, Christ Church.

CAMBRIDGE UNIVERSITY.—A congregation was held on the 5th inst., when the degree of Bachelor of Medicine was conferred upon the following gentlemen:—

Cheadle, Walter Butler, Caius.
Fish, John Crockett, Caius.

DECREASE IN THE NUMBER OF MEDICAL ENTRIES IN FRANCE.—*La France Médicale* publishes an able article on this subject, taking as its theme the following figures:—In the session 1860-61 the number of entries at the Faculty of Paris was 1196; in the present session it is only 1131, the falling-off being 65. A proportionate diminution is observed in the greater number of provincial schools.

CHEMICAL SOCIETY.—At the meeting on the 5th inst., Dr. Miller, V.P., in the chair, Dr. Oppenheim read a paper "On Peppermint Camphor." Mr. E. C. Foster read a paper "On Piperic and Hydro piperic Acids." Dr. Daubeny furnished a note "On Supplementary Experiments upon the Power ascribed to the Roots of Plants of rejecting Poisons and other Abnormal Substances presented to them." Arsenic, strontia, and baryta were added to separate quantities of soil, in which barley and turnips were afterwards grown and matured. No trace of the foreign ingredients could be found in the crops. Professor Bolley communicated papers "On some Physical Properties of Tin-Lead Alloys," and "On the Dangers arising from the Use of certain Waters for Feeding Steam-engine Boilers," in which last he referred particularly to waters contaminated with fatty matters.

UNIVERSITY COLLEGE, LONDON.—A session of Council was held on Saturday last. Mr. Sidney Ringer was appointed resident medical officer of the hospital. The Longridge prize of £40 for general proficiency in medicine and surgery was awarded to Mr. Henry Charlton Bastian, A.M. Lond. On the report of the examiners of the result of a competition for the annual exhibition of £30 for proficiency in pathological anatomy, founded in memory of the late Dr. William Filliter, the exhibition was awarded to Mr. John Talfourd Jones. Mr. Thomas Griffiths received honourable mention.

GLASGOW SOUTHERN MEDICAL SOCIETY.—At the seventeenth annual meeting of this Society, held on Thursday, the 5th inst., the following gentlemen were elected office-bearers for the ensuing session:—Dr. Henry Dunbar, President; Dr. James Stewart, Vice-President; Dr. H. R. Howatt, Treasurer; Mr. Edward M'Millan, Secretary; Dr. Jas. Norton, Seal Keeper; Drs. James Norton (Convener), James E. Newman, H. R. Howatt, and Henry Dunbar, Court Medical; Mr. Thomas Robertson, Officer.

MEDICAL OFFICERS FOR CANADA.—Orders have been received at Chatham, directing Inspector-General W. M. Muir, C.B., principal medical officer of the garrison, to proceed forthwith to Canada to take the medical charge of the troops about to be despatched to that country. A number of the medical officers attached to the Staff at Fort Pitt Hospital have also been placed under orders to proceed to Canada, as well as a portion of the staff of the Purveyor's Department, together with forty men of the Army Hospital Corps. Amongst the officers named are Dr. J. H. R. Innes, C.B., Deputy-Inspector-General of Hospitals, and principal medical officer at the camp at Colchester, Staff Assistant-Surgeons Connell, W. A. Mackinnon, Philip Frank, M.D., T. Dolan, Julius Wiles, A. Macintyre, A. Bryson, W. J. Mullen, J. Anderson, E. Armstrong; and Assist.-Surgeon E. L. Hiffernan, 1st Batt. 19th Foot. Deputy Inspector-General T. D. Hume, M.D., will succeed Dr. Muir as principal medical officer at Chatham.

ABERDEEN UNIVERSITY.—There are this year 157 medical students at this University, being 10 more than last year.

M. SPERINO'S TREATMENT OF LENTICULAR CATARACT.—It would appear from a letter of M. Sperino to the *Gaz. Med.* of Turin that he has succeeded in several cases in rendering the opaque lens transparent after a certain time by daily evacuating the *aqueous humour*. M. Sperino says that he will soon publish his cases.

MELANCHOLY DEATH.—A young naval surgeon, of the third class (France), on board the steamer *Archimedes*, bound from Lorient to Senegal, was washed off the deck in a heavy surf, and disappeared for ever.

TESTIMONIAL TO SIR JOHN W. FISHER.—The medical officers of the Metropolitan Police force, to the number of about forty, have presented Sir John Fisher with a handsome silver inkstand, of the value of £50, accompanied with the following address:—

"*To* SIR JOHN W. FISHER, *Surgeon-in-Chief to the Metropolitan Police.*—We, whose names are attached, being Divisional Surgeons of the Metropolitan Police, beg leave to tender our very sincere thanks for the solicitude and kind interest you have at all times evinced for our professional dignity and welfare, for the urbanity and good feeling you have ever exhibited when personally applied to, and your general courteous and gentlemanly bearing. As a slight acknowledgment thereof, we request your acceptance of a silver inkstand. We have to regret its insignificance, but feel confident you will equally appreciate the motive, as though its intrinsic value were far more worthy of consideration. We also take the opportunity

of congratulating you upon the high honour conferred upon you by her most gracious Majesty, and sincerely trust you may be long spared and have health to enjoy a mark of favour so richly deserved."

The deputation to Sir J. Fisher was headed by Dr. Coward of Hoxton, who made an eloquent and complimentary speech, which was responded to with good taste and feeling. Few public men in the profession have deserved better of the public and his brethren than Sir John Fisher. He has been for nearly thirty-five years Surgeon-in-Chief of the Police force of the Metropolis, and during that long period has so conducted himself as to merit the esteem of all who have had any transactions with him.

THE CANTHARIDES QUESTION.—At the recent Gloucester Assizes, the Grand Jury brought in a true bill against one Louis Sonœwski, a professor of languages, for a criminal attempt at the administration of cantharides in a vessel containing porter to a young woman. The prisoner had already been imprisoned four months, and the Judge sentenced him to four months' further imprisonment with hard labour. He pleaded guilty, or the sentence would have been severer still.

ARTIFICIAL ANUS IN THE LUMBAR REGION.—A very interesting case, in which an operation for such an anus was performed, has been published in the *Bulletin de Thérapeutique* of Oct. 30th. The child was born with an imperforate anus in 1852; and, in spite of a very careful and prolonged dissection, the late M. Amussat could not find, though his finger reached quite within the pelvis, the cul-de-sac of the imperforate bowel. It was now a question whether the search should be carried further and at random into the pelvis, or whether a lumbar anus should be made. M. Amussat, on consultation with the medical men present, amongst whom was his son, decided on the latter measure. By a careful dissection, the colon was reached, and gases escaped. Notwithstanding the severity of the two operations, the child did well, and the motions passed through the abnormal orifice, the patency of which had been secured in the usual way. Six days after the operation, MM. Cloquet, Velpeau, and Jobert were called in consultation to decide upon further steps. It was agreed that no renewed attempts should be made on the natural imperforate anus, and no fresh operation at that period undertaken. At six months old the child was well and cheerful, evacuations regularly taking place at the lumbar opening, the new aperture being usually stopped by a wax plug. M. Amussat, jun., had an opportunity in 1859, seven years after the operation performed by his late father, of seeing the little boy. The latter was quite well and lively, notwithstanding the artificial anus, the evacuative functions having been very regular in their performance. The child wears in the aperture a wax bougie, fastened by an elastic belt.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DEC. 7TH.—Thirteen hundred deaths were registered in London in the week that ended last Saturday. The mortality was considerably lower than it had been in the last two weeks of November, when the deaths were in both instances above 1420. The deaths from scarlatina fell to 70. There is also a decrease in diphtheria, which was recorded last week in only 7 cases. Small-pox was fatal in 3 cases; bronchitis in 174.

The births registered in London were—boys, 837; girls, 819.

MEDICAL VACANCIES.

The Committee of Management of the Hospital for Consumption and Diseases of the Chest, Brompton, are about to appoint an Assistant-Physician, in the room of Dr. Pollock, elected Physician.

There is a vacancy for a House-Surgeon in the Birmingham and Midland Free Hospital for Sick Children.

The election of a Medical Officer for the Shorwell District of the Isle of Wight Incorporation will take place on the 20th instant.

MEDICAL APPOINTMENTS.

DR. POLLOCK has been elected Physician to the Consumption Hospital Brompton. He had acted for several years as Assistant-Physician.

Mr. Samuel Wagstaff Smith has been appointed House-Surgeon to the Wallasey Dispensary, Egremont.

Mr. Benjamin George Everett has been elected Medical Officer and Public Vaccinator to District No. 4 and Workhouse of the Chailey Union, Sussex.

Dr. David Fiddes has been elected President for the ensuing year of the Aberdeen Medico-Chirurgical Society.

Dr. Jennings has been elected Medical Officer to the South Dublin Union, in the room of Dr. Mayne, resigned.

Mr. Collins Curtis has been appointed House-Surgeon to the Great Northern Hospital, King's-cross.

Mr. John Scott, of Hanley, has been elected President for the ensuing year of the North Staffordshire Medical Society, Stoke-upon-Trent.

Mr. Metcalfe Johnson has been appointed to succeed Mr. James Jenkinson Clarkson as Medical Officer of the Lancaster District and of the Workhouse.

Mr. Walter Edwards has been appointed Medical Officer for District No. 4 in the Honiton Union, Devonshire, in the room of Mr. A. W. Warder, resigned.

Mr. Charles George Marshall has been appointed Surgeon in Ordinary and Dispenser to the Selsforde Dispensary, Woodbridge, Suffolk; and Mr. John Stearn Gissing, Consulting Surgeon.

Dr. Chri topher Fleming, of Merrion-square North, Surgeon to the Richmond Hospital, has been elected Consulting Surgeon to Steevens' Hospital, Dublin; and Dr. Freke, of Holles-street, one of the Physicians to Steevens' Hospital, has been elected a Governor of that institution, in place of the late Dr. Cusack.

Dr. W. B. Jennings has been elected to the Lectureship in Obstetric Medicine at the Richmond Hospital School, Dublin, rendered vacant by the appointment of Dr. Denham to the Mastership of the Rotundo Hospital.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

Royal Artillery: Assist.-Surg. Thomas Rawlings Mould, from the 83rd Foot, to be Assist.-Surg., vice William Haughton, M.B., placed upon half-pay.

Assist.-Surg. Walter Barnett Ramsbotham, M.B., from the 59th Foot, to be Staff Assist.-Surg., vice John M'Leod Cameron, M.B., deceased.

Assist.-Surg. Seth Sam, from the 60th Foot, to be Staff Assist.-Surg., vice Henry James Rogers, placed upon ray.

To have the honorary rank of Inspector-General of Hospitals — Deputy Inspector-General of Hospitals Alexander Davidson, M.D., retired, Bengal Medical Department; Deputy Inspector-General of Hospitals Charles Mackinnon, retired, Bengal Medical Department: Deputy Inspector-General of Hospitals Donald Butler, retired, Bengal Medical Department; Deputy Inspector-General of Hospitals John Greig, retired, Bengal Medical Department.

Commissions signed by Lords-Lieutenant.—3rd Administrative Batt. of Suffolk Rifle Volunteers: Frederick Hayward, Gent., to be Assist.-Surg. 2nd Surrey Artillery Volunteer Corps: George Augustus Merritt, M.D., to be Assist.-Surg. Prince Albert's Leicestershire Yeomanry Cavalry: Assist.-Surg. William Derington, to be surg., vice Bridges, deceased. 2nd (Duke of Cornwall's) Artillery Volunteer Corps: Stephen Clogg, to be Hon. Assist.-Surg. 4th Manchester, or 79th Lancashire, Rifle Volunteer Corps: John Armstrong, to be Surg. 17th Aberdeenshire Rifle Volunteer Corps: James Cooper, M.D., to be Hon. Assist.-Surg. Brecon Division of the Royal Cardigan, Brecon, and Radnor Regt. of Militia: Thomas Armstrong, to be Surg., vice Lawrence, retired. 3rd Roxburghshire Rifle Volunteer Corps: William Brown, M.D., to be Hon. Assist.-Surg. 4th Dorset Artillery Volunteers: Uriah Perrin Brodribb, to be Hon. Assist.-Surg. 16th West Riding of Yorkshire Rifle Volunteers: William Henry Eagland, M.D., to be Hon. Assist.-Surg. Memorandum—16th West Riding of Yorkshire Rifle Volunteers: Her Majesty has been pleased to accept the resignation of the Commission held by Assist.-Surg. William Henry Eagland; this gentleman has received no appointment as Hon. Assist.-Surg. of the 33rd West Riding of Yorkshire Rifle Volunteers, as appears by the "Army List" to be the case. 3rd Administrative Batt. of Durham Rifle Volunteers: William Robinson, M.D., to be Surg.; Richard Baty Ridley, to be Assist.-Surg. Memorandum—15th Hampshire Rifle Volunteer Corps: Her Majesty has been pleased to accept the resignation of the Commission held by Hon. Assist.-Surg. J. F. Forster.

Thomas Hamilton, Assist.-Surg., to the *Shaldrake*; James F. Fitzgerald, Assist.-Surg., to the *Spider*; Daniel O'Connor, Assist.-Surg., to the *Trafalgar*; Thomas Colahan, Assist.-Surg., to the *Revenge*; M. P. S. Ward, Surg., and R. W. Brigstocke, Assist.-Surg., to the *Chanticleer*; George F. Banks, Surg., and A. A. Mullin, Acting Assist.-Surg., to the *Strombolo*; C. Sproull, Surg., and Cunningham Aitchison, Assist.-Surg., to the *Devastation*.

Births, Marriages, and Deaths.

BIRTHS.

At Noan, near Cashel, Co. Tipperary, the wife of T. R. Armitage, M.D., of a son.

On the 18th ult., at Woolwich, the wife of Dr. Brennan, R.N., of a son.

On the 30th ult., at Sylvan-cottage, Kingskettle, Fife, the wife of James M. Bell, M.D., of a daughter.

On the 5th inst., at Croydon, the wife of Staff-Surgeon Bacot, of a son.

On the 6th inst., at West Regent-street, Glasgow, the wife of Donald Dewar, M.D., of a son.

MARRIAGES.

On the 12th of Oct., at St. Andrew's Church, Darjeeling, Bengal, Andrew Knox Drysdale, Assistant-Surgeon H.M.'s 79th Highlanders, to Emma Elizabeth, eldest daughter of Major Samler, late H.M.'s Bengal Army.

On the 27th ult., at St. Mary's, Islington, Henry Reynolds Myers, Esq., L.F.P.S., of Melton-street, Euston-square, to Fanny, second daughter of Rich. James, Esq., of Paradise-terrace, Liverpool-road.

On the 27th ult., at the Church of the Immaculate Conception, Marlborough-street, Dublin, Robert Cardiff Crean, Esq., Assistant-Surgeon Royal Artillery, eldest son of R. J. Crean, M.D., to Johanna Josephine, second daughter of the late Walter Stafford, Esq., of Wexford.

On the 27th ult., at Clarence-street, Edinburgh, Peter M'Nab, M.D., of Callander, to Miss Jeanie Gordon M'Intosh, of River-view, Callander.

DEATHS.

On the 24th ult., at The Cottage, Ennistymon, Co. Clare, Charles Finucane, Esq., M.R.C.S.L., aged 44.

On the 26th ult., at Meltham Mills, near Huddersfield, Yorkshire, Caroline Amelia, widow of John Gason, M.D., late of Enniskerry, Co. Wicklow.

On the 27th ult., John Hall, Esq., M.R.C.S., of West-road, Congleton, Justice of the Peace, aged 76.

On the 29th ult., at Newlay House, near Leeds, William Walker Kemp, Esq., M.R.C.S., of Horbury, near Wakefield, aged 40.

On the 4th inst., at Amwell-street, Pentonville, Elizabeth, wife of D. Powell, Esq., M.R.C.S.

On the 6th inst., at Hastings, Henry Birkett, Esq., M.R.C.S., formerly of South Shields, aged 40.

On the 6th inst., at Gracechurch-street, Cornelius Smith, Esq., F.R.C.S., aged 54.

On the 7th inst., William Noble, Esq., M.R.C.S., of Thame, Oxon.

On the 8th inst., at Lothian Villa, Cheltenham, George Scott, M.D., aged 70.

At Kimbolton, of enteritis, George Montagu, youngest son of C. Sprague, Esq., M.R.C.S., aged 3 years.

Medical Diary of the Week.

MONDAY, DEC. 16
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Maunder, "On Primary Venereal Ulcers; possible Sources of Error of Diagnosis, and the evil consequences of such Error."

TUESDAY, DEC. 17
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ETHNOLOGICAL SOCIETY. — 8 P.M. Prof. Owen, "On the Osteology and Dentition of the Andaman Islanders."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, DEC. 18
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARK'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, DEC. 19
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- CHEMICAL SOCIETY.—8 P.M. Dr. Bence Jones, "On the Simultaneous Variations of Hippuric and Uric Acids in Healthy Human Urine." — Mr. G. F. Rodwell, "On the Solubility of Sulphate of Lead in Hydrochloric and Nitric Acids."

FRIDAY, DEC. 20
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON. — 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

SATURDAY, DEC. 21
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 3 P.M.
- METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	6
For every additional line	0	0	6	For a page	5	0	0

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

THE INFLUENCE OF RAILWAY TRAVELLING ON PUBLIC HEALTH.

WE have received an intimation that immediately on the publication of the announcement of the investigation now being carried on by THE LANCET Commission on the "Influence of Railway Travelling on Public Health," endeavours were made in certain quarters to plagiarise this project. We need not comment upon the unworthy character of this proceeding. It need scarcely be said that in order to bring this inquiry to a successful issue, we have already incurred great expense and considerable labour.

To Correspondents.

P. R.—The subject was discussed at the last meeting of the British Association for the Advancement of Science. The more general opinion was, that hair is *not* subject to sudden changes of colour, as it is popularly believed to be.

Physiologist.—The case is not unique. Dr. R. Nelson, of New York, gave an account, in a late number of the *American Medical Monthly*, of a family of five sisters, in three of whom the uterus was entirely wanting.

THE case referred to by *Dr. William Low* is reported in the proceedings of the Obstetrical Society, published this week.

Mr. S. Jackson, (Manchester.)—The decision of the General Medical Council, "that the time of commencing professional studies shall be understood to be the time of commencing studies *at a medical school*," should, strictly speaking, hold from July 6th, 1861, the day on which it passed the Council. But as the Council did not define the date on which this particular change should come into operation, our correspondent is probably safe in considering that an apprenticeship entered into before October 1st, 1861—the date from which the other changes in medical education take effect—will be reckoned, according to the old system, a commencement of medical study. An authoritative answer may be obtained by writing to Dr. Hawkins, Registrar to the General Medical Council.

Cambridge.—1. It is in the power of the guardians to postpone the election to any time they may think proper.—2. The Poor-law Board can overrule the decision of the guardians if they see sufficient reason to do so.

Mr. H. Masters.—The flour shall be analyzed if forwarded to the Office.

JUNIOR MEDICAL SOCIETY OF LONDON.

To the Editor of THE LANCET.

SIR,—As honorary secretary to the Junior Medical Society at the time of the late meeting (referred to in a paragraph in your last issue, and in a leading article in the issue of the 30th ultimo), it was my duty to watch narrowly and take notes of the proceedings of the evening. I must therefore beg a short space in your columns for the purpose of contradicting the very serious misstatements on which your article must have been founded.

It is stated "that the professor in question was invited by the committee." Such is not the fact; nor was such invitation necessary, as he had every right, as an honorary member of the Society, to attend and address the meeting. He was interrupted by the chairman (and that, let me add, in a most courteous manner), because he was doing at great length, and at a very late period of the evening, a very irregular thing—*in effect* answering, for the reader of the paper, every member in succession who had spoken. The chairman requested him to confine himself more to the paper itself, on which *directly* he had not said a word. It was not until several (I speak advisedly) members present had, through one of the members of the Society, expressed their strong disapproval of the course the professor in question was adopting, and had inquired whether there was no law against it, that the chairman said "that there was no law, but that he had hoped that the good sense of any professor would have been sufficient safeguard against such a proceeding as the present." This must be, I presume, "the expression inconsistent with the usages of public societies," mentioned in your journal.

In conclusion, let me say that there was a strong manifestation of approval at the conclusion of the chairman's remarks, and a cordial vote of thanks was returned to him for his conduct in the chair.

As to the paragraph in last week's LANCET, I do not understand it. In it it is stated that "the president has resigned, and that this or a frank apology was due from him." In another part of your journal you report the annual election of the officers of the Society. That resignation was due from the president is most true, simply because his term of office had expired, and, according to the laws of the Society, he was not eligible to be re-elected; independently of which he is now in practice, and is thus disqualified for the office by having become an honorary member. As an additional proof that his resignation was in no way influenced by what transpired at the meeting in question, it had been arranged three weeks previously that the new officers should be elected on that evening. As regards an apology being due from him, you will allow me to suggest that there are two opinions on that point.

I must apologize for having engrossed so much of your valuable space; but justice and truth demand a statement of the facts at length.

I am, Sir, your obedient servant,

December, 1861. S. G. FREEMAN.

To the Editor of THE LANCET.

SIR,—I was surprised to read an article and paragraph in THE LANCET concerning the Junior Medical Society. Being one of the principal movers in the so-called scene, I may perhaps be allowed to pass a few remarks on the same, particularly as the statements contained therein will prove hurtful instead of beneficial to the Society, unless corrected.

1st. That the expressions of feeling, which you so much condemn, were those of the meeting (not personally of the chairman), but expressed through him.

2nd. That the feeling is still the same amongst the members of the Junior Medical Society.

3rd. That the professor who answered the questions put to the writer of the paper was not invited by the council.

4th. That the late esteemed president did not resign in consequence of the late unfortunate disagreement, but because his term of office had expired.

If you will kindly insert these facts, which are approved of by most of the students then present, you will confer a favour on them, and on,

Yours, &c.,

Guy's Hospital, December, 1861. G. H. HILLS.

*** Upon this matter we have only to remark that the professor was, on the admission of Mr. Freeman, present in the character of an invited guest, if no actually invited, which we are informed was the case. All the facts stated by us rest upon the concurrent testimony of several gentlemen who attended the meeting. To tell an honorary member, or an invited guest, that he was obtruding himself on the meeting, we think will generally be considered uncourteous. Whatever approbation of the chairman's conduct was evinced at the time, we are informed that some gentlemen at least have since regretted what took place. Those who on reflection still remain pleased with their share in, or approval of, an act of discourtesy, have still, as we before said, something to learn concerning the usages of public societies.—ED. L.

Dr. W. Jones, (Scottish-town.)—Surely Mr. Baly must have some explanation to give of what must otherwise appear to be a violation of professional etiquette.

Mr. E. S. Baker.—He can legally do so.

Pater.—1. The covers may be had at the Office.—2. The subject is one of much interest, and shall receive attention at our hands.

Werdna, (Shrewsbury.)—It may be confidently affirmed that there is no precedent for a physician to a public institution being also surgeon to another public institution. So far from its being in accordance with medical etiquette, we venture to say that it would be a direct and gross violation of professional propriety. Such a proposition would not for a moment be entertained by the committee of any hospital in London, and it is to be hoped that the governors of the "Eye Dispensary" will not set an example calculated to subvert the rules which have hitherto guided the electors of medical officers to public charities.

Mr. A. M'Diarmid.—The certificate of any member of the College is received.

CLERICAL DOCTORS AND THE GENERAL APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—In your impression of the 7th inst., we noticed amongst your "Notices to Correspondents" a letter signed "Students," in which complaint is made respecting the circulation of an advertisement by this Company, addressed to clergymen.

Allow us to assure you that the publication of the paper in question was purely accidental. It was printed when the Company was first started, under the auspices of a former board of directors, and on the Company changing hands must have come into the possession of the present proprietors with the stock generally. Being useless, and lying about as waste paper, the sheets containing this and other advertisements were accidentally used to wrap round some bottles for an order, and since this circumstance came to our knowledge the remaining copies have all been destroyed.

The directors entirely concur in the sentiments of your correspondent respecting "illegal practice," and much regret such an oversight should have occurred.

I am, Sir, yours, &c.,
EDMUND PRATT, Secretary.

General Apothecaries' Company (Limited),
Berners-street, December, 1861.

Jacobus.—Santonine has been employed as an anthelmintic with success in many cases. We are not aware, however, that any statistical information on the subject has been published.

Justice.—In the present imperfect state of the law, there is no remedy for such an abuse.

Nescience shall receive an answer next week.

Juvenis.—The coroner's consent should be obtained, or an order from a magistrate given to the surgeon to make the examination. The coroner is a magistrate.

H. E. W. should put his questions to his family medical attendant.

THE ART (!) OF IMITATION.

To the Editor of THE LANCET.

SIR,—As it is possible you may not have seen an extraordinary letter in one of your little contemporaries, with some remarks appended by its Editor, I venture to call your attention to it. The letter in question suggests that some funny articles in the journal should have "headings." The correspondent is blandly informed that his request shall be complied with, and the Editor modestly requests to be furnished with other suggestions or ideas for improving his periodical. Surely this is a novel proceeding in journalism. I always thought that we subscribed to journals for the purpose of obtaining suggestions and ideas, and not to be at the trouble of furnishing thoughts for the brains of those who conducted them. It appears, however, I have been labouring under a mistake with respect to this matter. Would you kindly enlighten me upon the subject?

Yours truly,
Liverpool, December, 1861. A SURGEON.

*** Dr. Johnson once remarked that the greatest compliment you could pay an author was to quote him. It may be equally correct to state that to imitate another journal is equally complimentary to the imitated. Imitators, however, may not always be actuated by a motive which implies admiration of the original. It is supposed that by assuming its semblance they may be recognised as worthy of being regarded as equals, or at least rivals. They should, however, before making any such attempts, be impressed with the force of the rebuke of Horace—"O imitatores, servum pecus!"—ED. L.

One of the Old School will perceive, by referring to our advertising columns, that the work is at length completed.

J. C.—Under the circumstances, it would be better to wait until next session before entering to lectures.

Sigma.—Such a question requires a more detailed answer than can be given here. If the particulars be forwarded, in confidence, a private note shall be sent.

VENTILATION.

To the Editor of THE LANCET.

SIR,—I have a suggestion to make with regard to Dr. Van Hecke's system of warming and ventilating. It is this. The air supplied might be brought from a distance, from localities where it could be obtained pure. We bring water from long distances into our towns. What substantial reason is there that we should not avail ourselves of the blessings of fresh air in like manner? Glazed pipes, firmly cemented at the joints, would afford means of convection that would preclude contamination during the transit. The spot whence it should be drawn ought to be in some well-selected healthy country district, or even at the sea-side. I happened to visit the Hospital Ne-ker at the time that Dr. Van Hecke's apparatus was being erected there, and I feel convinced from what I saw that such an addition to his plan as that which I propose is perfectly practicable. The only great difficulty would be the cost. Probably this might be best overcome by the union of a number of hospitals or public buildings, each of which should bear its quota of the expense of laying down one great main, from which service-pipes might be carried to the several buildings, after the fashion of gas-pipes. The details of the scheme, however, I leave to engineers and contractors.

Your obedient servant,
December, 1861. ORDER AND PROGRESS.

Query.—M. Rilliet, the eminent writer upon diseases of children, was born the 14th of July, 1814, and died June the 2nd, 1861. He was engaged in preparing materials for a third edition of the "Traité Clinique et Pratique," &c., which will be published at some future day under the auspices of MM. Barthez and Duval. The latter gentleman has recently published a short memoir of the life and writings of the illustrious Genevese physician. M. Rilliet was not less beloved as a man than respected as a scientific practitioner.

The Friend of a Sufferer.—Deciduous teeth may be stopped, but whether with much advantage is a disputed question.

Dr. T. Morris's case of "Leucocythemia Splenica" shall appear next week.

KAMEYLA IN WORMS.

To the Editor of THE LANCET.

SIR,—In your last impression a correspondent, "M.D.," asks for some information relative to kameyla. May I be permitted to reply that kameyla is a very efficacious remedy for all kinds of worms, but more especially for tape-worm. The preparations of kameyla in general use are the powder and tincture. The former I prefer; but the latter has its advantages. Dose of the powder, from ten grains to two drachms or more; tincture, from fifteen minims to three drachms. A good mode of administering the drug is to give it in small repeated doses. For instance, to an adult, one drachm of kameyla powder may be given every fourth hour for four or six doses, or till the desired effects or purgation are produced. As the medicine frequently gripes, a corrective should be added to it. Kameyla and oil of male fern in combination make an admirable vermicide. I may add that I have found bismuth and sulphate of magnesia in a bitter infusion very useful in preventing a return of the parasites.

Your obedient servant,
Lincoln, December, 1861. WILLIAM O'NEILL, M.D.

Mr. J. N. Stevens, (Plymouth.)—The work of the late Chief Justice Jervis on "The Office and Duties of Coroners," and Richard Clarke Sewell's "Treatise on the Law of Coroner," are amongst those containing the most compendious information.

E. C.—Mr. Lumley, in his Manual, has the following observations on the subject:—

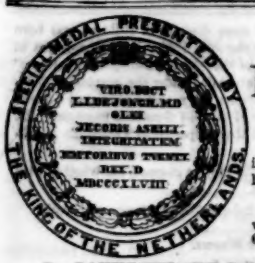
"Some question arises as to the payment to the medical officer for certificates of lunacy. The 8 and 9 Vict., c. 126, s. 48, prevented the medical officer of the union, in general, from giving any such certificate. But the 9 and 10 Vict., c. 84, s. 1, enabled him to give it to the guardians under particular circumstances. The 16 and 17 Vict., c. 97, has, however, repealed both these Acts, and did not renew the prohibition upon the medical officer; though sections 67 and 68 require that there shall be a medical certificate in respect of every pauper lunatic sent to an asylum, hospital, or licensed house. The justice or justices who make the order must call to their assistance some physician, surgeon, or apothecary, to examine the alleged lunatic, and certify to his insanity, before the order of removal to the asylum is issued; and the examination must be not more than seven clear days before the reception into the asylum of the union or parish to which he shall be chargeable, s. 73. Article 205 makes it the duty of the medical officer to give the guardians, when required, any reasonable information respecting the case of any pauper who is or has been under his care. The guardians will rarely apply to the medical officer to report on a lunatic pauper, except where he has had such lunatic under his care, and consequently it will be his duty to give such certificate *to them* without any charge for it. But if the pauper had not been under his care, apparently he would be entitled to make a reasonable charge for the certificate. The 16 and 17 Vict., c. 97, s. 69, enables the justice who causes any person to be examined under the Act, to make an order upon the guardians or overseers for the payment of a reasonable remuneration to the physician, surgeon, or apothecary, for the examination of such person."

Rev. Mr. Williams, (Hendon.)—The report will be found in the second volume of THE LANCET for 1856, p. 610.

Tyro.—There is, we believe, no such "translation" or "ordo verborum."

WE are compelled to postpone until next week the conclusion of Dr. Ormerod's paper "On Diphtheria as observed at Brighton;" and the reports of the Medical, Pathological, and North London Societies, &c. Several advertisements are also unavoidably omitted.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Ranald Martin; Mr. Hilton; Mr. Coulson; Mr. Solly; Dr. Knox; Dr. Grally Hewitt; Dr. Gull; Dr. Hughes Bennett, Edinburgh; Mr. Ellis; Dr. Hearne, Southampton; Dr. J. Morris; Mr. Olloway; Mr. Alfred Coleman; Dr. Ormerod; Mr. Taylor, Liverpool; Dr. C. Edwards; Dr. Maunsell, 97th Foot; Mr. E. Pratt, Cardiff, (with enclosure;) Mr. S. Jackson, Manchester; Mr. Barwell; Dr. Wm. O'Neill; Mr. G. S. Buchanan, Rathgar; Mr. S. Staniland, (with enclosure;) Mr. A. M'Diarmid; Mr. H. S. Kook; Mr. R. Wingate, Leicester, (with enclosure;) Mr. C. S. Sprague, Kimbolton; Mr. G. H. Hills; Mr. T. Bishop, Briston, (with enclosure;) Mr. S. G. Freeman; Mr. T. W. Handsley; Mr. T. W. Gentles, Sheffield; Mr. J. Darling, St. Andrews; Mr. A. W. Anderson, (with enclosure;) Messrs. Harvey and Reynolds, Leeds; Mr. E. Ryde; Mr. J. C. Clarke, Newport, Isle of Wight; Mr. W. Potter, Lichfield, (with enclosure;) Mr. W. Corrand; Mr. J. Carre; Mr. Pratt, Woodbury; Rev. J. Coling, (with enclosure;) Mr. Mumford, (with enclosure;) Mr. Horsley, Cheltenham; Mr. Metcalfe, York, (with enclosure;) Mr. Williams, Bayswater, (with enclosure;) Mr. F. J. Gant; Mr. G. Gray, Staithes; Dr. Strange, Worcester; Mr. H. Greenwood; Mr. Everett; Mr. S. J. Baker, Abingdon; Dr. Mansell, Touillets; Mr. W. Dawson, Brentwood, (with enclosure;) Mr. W. Marshall, Scarborough, (with enclosure;) Mr. G. Howarth, Bolton; Mr. G. P. Albut, West Aspling, (with enclosure;) Mr. J. L. Jones, Bangor; Mr. Humphreys, (with enclosure;) The Glasgow Southern Medical Society; The Registrar-General, Edinburgh; I. J. K.; A Lover of Truth; Juvenis; Pater; H. E. W.; Sigma; The Medical Society of London; Nescions; W. J.; The Ethnological Society; R. P., (with enclosure;) M.R.C.S. and L.S.A.; &c.



DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

SELECT MEDICAL OPINIONS.

Sir HENRY MARSH, Bart., M.D., Physician in Ordinary to the Queen in Ireland:—"I consider Dr. de Jongh's Cod-liver Oil to be a very pure Oil, not likely to create disgust, and a therapeutic agent of great value."

Dr. BARLOW, Physician to Guy's Hospital:—"I have been well satisfied with the effects of Dr. de Jongh's Cod-liver Oil, and believe it to be a very pure Oil, well fitted for those cases in which the use of that substance is indicated."

Dr. LANKESTER, F.R.S., late Lecturer on the Practice of Medicine, St. George's School of Medicine:—"I consider that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a chemist and intelligent a physician as Dr. de Jongh, who has also written the best Medical Treatise on the Oil with which I am acquainted. Hence I deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy."

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Fluid Confection of Senna.—Pre-

pared by FISHER, SON, & HASELDEN, Chemists, 18, Conduit-street, Regent-street, London.

The advantages of this preparation are now fully admitted, and it only requires to be taken to be appreciated, having been acknowledged both by professional and private individuals to be invaluable, and highly satisfactory.

Ordinary Dose for an Adult:—A Dessert or Table-spoonful. For Children:—One or Two Tea-spoonfuls.

"'The Fluid Confection of Senna' of Fisher, Son, and Co., is a very good preparation. It has all the properties of senna in a much more pleasant form."—THE LANCET.

MEDICATED COD-LIVER OILS.

Cod-liver Oil with Quinine.

COD-LIVER OIL with QUININE and IODIDE of IRON.

COD-LIVER OIL with IODIDE of IRON, &c. &c.

The undersigned supply the above, as usual, for home consumption or exportation, in bottles, 8oz., 2s.; 16oz., 3s. 6d.; 20oz., 4s.; 40oz., 7s. 6d.; 80oz., 14s. each. A liberal discount on quantities.—HERIAH DREW & CO., Wholesale and Export Chemists, 91, Blackman-street, Borough, S.E.

Pepsine.—M. Boudault begs to state,

that he cannot be answerable for the purity and strength of any preparation sold under his name, unless obtained from his Sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London May be also had of the Author, 277, Oxford-street. Price 6d.

Ferri Carbonas Effervescens, an

elegant *granular* Chalybeate. A teaspoonful, when added to half a tumbler of water, effervesces briskly, and produces 4 grains of nascent carbonate of iron, perfectly dissolved. A solution when freshly prepared is sparkling and bright, and the taste, though chalybeate, is decidedly pleasant and refreshing. Vide BRITISH MEDICAL JOURNAL, June 15th, 1861.—4s. per lb.; 2 lbs. and upwards carriage free.—Prepared only by S. BANNER, Pharmaceutical Chemist, Hardman-street, Liverpool.

Quinine.—In all cases of Weakness

and Ague, use WATERS' QUININE WINE, recommended by Dr. Hassall and the Medical Profession.

Prepared solely by R. WATERS, 2, Martin's-lane, Cannon-street, London. Sold by all Grocers, Chemists, and Wine Merchants, 30s. a dozen. Wholesale Agents, Lewis. Webb, and Co., Worcester.

Chlorodyne.—R. Freeman, Pharma-

ceutist, Kennington-road, London, S., informs the Profession and Trade that he has *for years made*, and extensively used in his business, Chlorodyne; and that he is supplying it in one-ounce stoppered bottles at 1s. 6d. each, and in four-ounce bottles, 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he trusts that the lowness of price at which he offers it will allow the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects may be enjoyed by the poorest sufferer. Sold by all Wholesale Druggists.

The General Apothecaries' Company

(Limited), 49, Berners-street, London, and 4, Colquit-street, Liverpool, continue to supply the Profession with pure Drugs and Chemicals. All powders being ground upon the premises, they can guarantee their purity, as well as chemicals, which are analyzed before sent out. Communications addressed to the Superintendent will receive immediate attention.

The following are a few of the valuable Remedies recently introduced by the Company:—Pyrophosphate of Iron, Perchloride of Iron, Subcarbonate of Bismuth, Hypophosphite of Lime, Soda, and Ammonia; Oxalate of Cerium, Tincture and Extract of Larch Bark, Carbonate of Lithia, Santonate of Soda, and Magnes. Ferri et Quinæ Sulph., a very convenient and useful combination for prescribing: 1 scruple contains, Quinæ Sulph. 1 gr., Ferri Sulph. 3 gr., and Magnes. Sulph. 16 gr.; it is very soluble in water, which solution will keep an indefinite period without decomposing the iron.

TINCT. ACTÆÆ vel CIMICIFUGÆ RACEMOSÆ, recommended and spoken so highly of for Rheumatism, &c., by Dr. Simpson, of Edinburgh. Dose, half a drachm to two drachms.

Bastick's more Certain Forms of

REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. (*Vide* THE LANCET, Feb. 12, 1859.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

Pure Chemicals, and Chemical

APPARATUS.—PETER JONES, Operative Chemist, 11, Norton Folgate, adjoining Bishopsgate-street, London, N.E., and opposite the City of London Theatre, begs to inform the Medical Profession, Lecturers, Students, and Amateurs, that he continues to manufacture and supply PURE CHEMICALS, and CHEMICAL and PHILOSOPHICAL APPARATUS of the best workmanship, at the lowest possible prices. Priced Catalogues may be had gratis on application, or will be forwarded on receipt of address and postage-stamp.

Sir J. Murray's Patents, 1817 & 1860.

The Patent Re-Carbonated FLUID MAGNESIA of Sir J. Murray, M.D., when taken in full Effervescing Drinks with his new Lemon Syrup, operates as a more brisk and efficient aperient than the unaërated kinds of Fluid Magnesia. Also, copious sparkling Draughts of his Cordial Re-Carbonated CAMPHOR, with his New Syrup, will calm the nerves, raise the spirits, dispose to sleep, and furnish the most safe and pleasing saline drinks in fever. Bottles (now double size and strength), with Family Jars and Books, at all chief Druggists, and at the Works, 104, Strand, London.

Colds, Coughs, Catarrhs, and

CONSUMPTION.

SIROP AND PATE DE CODÉINE,

OF BERTHÉ OF PARIS.

These preparations, inscribed in the French Codex, are recommended by the principal doctors of Paris for colds, the stubborn and fatiguing cough of the grippe, catarrh, whooping-cough, bronchitis, and consumption.

The experiments made by Magendie, Barbier d'Amiens, Aran Virgin, G. Dumont, &c., Doctors of the Hospitals in Paris, Professors of the Faculty of Medicine, &c., have proved the remarkable calming virtues of these preparations.

Wholesale Depôt in London,

PEREAU, 11, Moorgate-street, E.C. Apply by letter.

Retail { Dinneford and Co., 172, New Bond-street.
M. Lemaout, 57, Princes-street, Leicester-square.
M. Brown, 2, Lower-street, Islington.

Jozeau's Copahine, or Saccharated

CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing in his Copahine al the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than 1000 trials in Paris and the different London Hospitals—viz., St. Thomas's, Guy's, and Bartholomew's, under the care of Messrs. Lloyd, Poland, and LeGros Clark. (See THE LANCET, Nov. 6th and Dec. 10th, 1853; a copy will be forwarded.) The Copahine, which is in the form of a pretty pink sugar-plum, is usually effectual in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. To be had of the inventor, G. JOZEAU, French Chemist, 39, Haymarket, London, and all the most important Chemists.